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# Sub-Regional Multisectoral Response Plan for the COVID-19 Pandemic

A decorative graphic on the right side of the page features a close-up of a syringe with a purple plunger and a needle, positioned diagonally. A series of colorful dots in various colors (red, yellow, green, blue, orange, pink, etc.) forms a curved line that starts from the bottom left and extends towards the syringe. A white horizontal line is located above the text 'UN Barbados and the Eastern Caribbean'.

UN Barbados  
and the Eastern  
Caribbean

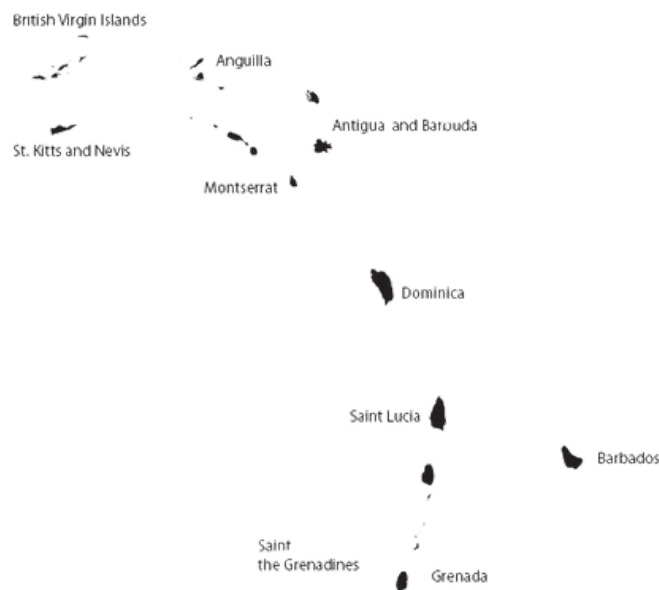
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# Executive Summary

The Coronavirus disease 2019 (COVID-19) pandemic has impacted Barbados and all Eastern Caribbean Countries (ECCs)<sup>1</sup> with sporadic or cluster patterns of transmission. As of 12 January, there were 2,192 confirmed COVID-19 cases in Barbados and the Eastern Caribbean Countries with 20 deaths and 684 active cases. The elderly<sup>2</sup> and persons with underlying health conditions and compromised immune systems, continue to be most vulnerable. However, vulnerability factors have now been expanded to include areas where persons live and work (frontline workers), their access to health and the discrimination they face (persons confirmed to have contracted the COVID-19 virus). The region was able to suppress the COVID-19 virus in its early stages as result of strong leadership, evidence-based interventions and agreed joint actions and protocols.

COVID-19 represents the most severe global shock in decades. Effects on global travel, supply chains and investment already have multiplicative impacts on the social and economic future of the region as well as of Eastern Caribbean small island development states (SIDS). The pandemic strikingly illustrates the intersection of politics, economics, and other considerations of an interdependent global economy. Its combined impact has the potential to significantly erode the development gains of the past decade and retard progress on the 2030 agenda. By the end of the year, Gross Domestic Product (GDP) will have drastically reduced to the same level as in 2010, translating to a 10-year regression resulting in a sharp increase in inequality and poverty. The socio-economic fallout of the pandemic has been devastating. COVID-19 has had a multisectoral impact on the economies of the sub-region. The impact has been amplified by countries' high vulnerability in view of, low growth; reliance on limited key economic activities and sectors such as tourism and remittances as well as dependency on China, the European Union (EU) and the United States. The presence of trade barriers; increased risk-averse tendencies in the global financial markets; high debt and limited fiscal space; migration and climate change are also critical vulnerability factors. As a consequence, several regional economies are spending between 1 and 4 per cent of their GDP to tackle the COVID-19 crisis.



**18 UN Agencies, Fund and Programmes**



**10 Countries / Territories**



**Partnership with Regional Institutions: OECS, CDEMA, CARICOM**

<sup>1</sup> Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines

<sup>2</sup> Except for Barbados, Dominica and Montserrat, the elderly - over 65 years - account for around 10% of the total population, with Barbados and Dominica, 16% and 12% respectively.

In response to ECCs needs for COVID-19, the United Nations (UN) developed a Multisectoral Response Plan (MRP) and launched a \$US\$29.7M Funding Appeal in May 2020 to support countries efforts to scale- up of their respective national actions to respond to COVID-19. In partnership with national authorities and regional institutions, the MRP, through its multi-dimensional approach and success in raising awareness on SIDS vulnerabilities to COVID-19, has supported ECC countries to tackle the immediate challenges while helping to build the conditions necessary for faster COVID-19 recovery.

## Key Achievements

### Joint Integrated UN Response

Advocacy instruments to address SIDS vulnerabilities



Strengthening partnership and resource mobilization for the immediate short-term needs



Repurposing of resources from ongoing UN Programmes



Integrated solutions through Joint Initiatives



The MRP is aligned to the national socio-economic response plans through consultations and assessments and to the “UN framework for immediate socio-economic response to COVID-19”, which is the UN’s global and integrated response to the urgent health needs, but also the socio-economic response.

Within this framework and embracing the ideals of the UN Development System reform, the MRP facilitates a coordinated response that draws on expertise of the entire UN Sub-Regional Team (UNST) in Barbados and the Eastern Caribbean, in support of countries’ COVID-19-related needs. The MRP aims to address the immediate health needs and the longer-term socio-economic needs in seven ECCs and three Overseas Territories through the following strategic objectives:

1. Further contain the spread of COVID-19 in the region.
2. Promote protection and well-being of the most vulnerable.
3. Minimize the social and economic impact and ensure resilient recovery.
4. Promote SIDS access to partnerships and financing for development.

Focus is placed on the following vulnerable groups or persons made vulnerable due to the socio-economic impact of COVID-19: women, children, youth, elderly, persons with disabilities and key populations (LGBTQI, PLWHIV, Sex Workers), through four strategic pillars. For the MRP’s extension, promotion of SIDS’ access to partnerships and financing for development was added as an objective, to strengthen sub- regional policy support and strategic alliances with International Financial Institutions (IFIs), Private Sector and Non-Traditional Donors. It also aims to leverage core competencies of stakeholders and partners to support joint programming for a more integrated response, long term resilience and sustainable recovery. Pillars were also strategically reconsidered, as several needs identified in the first iteration of the MRP were satisfied, but others such as food and nutrition security, and economic recovery are still matters of concern. Furthermore, private sector engagement for development was identified as a key element, which necessitated a different approach. The initiatives proposed in this MRP(2.0) are based on countries’ needs and requests for support to the UNST and will be implemented over the period January to December 2021.

To accomplish the set objectives, the United Nations Barbados and the Eastern Caribbean seeks to mobilize an additional US \$30 million. Additionally, under this expanded strategy the UN will deploy its technical expertise to support member states efforts to mobilise development financing from International Financial Institutions, Private Sector, and non-traditional Donors to finance national socio-economic recovery plans.

**For specific initiatives to be implemented under the MRP 2.0, the following funding streams will be pursued:**

1. In response to the immediate needs, agencies will contribute by **repurposing existing programme funding**. As such, the existing Joint SDG Programme on Social Protection and the Spotlight Grenada Joint Programme will redirect funds of up to 25% for COVID-19. In this vein, agencies' programmes are being reviewed with a view to target resources to buffer the immediate impact while more longer-term funding is secured.
2. **Existing funding mechanisms and calls for proposals** such as the US\$1M to each CARICOM country through the UN India-Fund Partnership, Central Emergency Response Fund (CERF) etc.
3. The **COVID-19 Response and Recovery Fund**, launched on 31 March 2020, is a global interagency finance mechanism to support low and middle-income countries in overcoming health and development issues related to COVID-19. The fund will focus on three prioritized areas: health emergency, socio-economic impact and recovery and building back better, through systems strengthening.
4. **National resources**, particularly for the purchasing of equipment, for which the UN will contribute with its procurement mechanisms

**In the case of mobilisation of financing for national socio-economic recovery plans, the following funding sources will be pursued:**

5. **Support reprioritization of domestic funds and leveraging from bilateral and multilateral development partners and Development Financing Institutions** for which the UN will provide technical expertise and implementation support.
6. Broaden the donor base for the MRP 2.0 by enrolling the assistance of **Non-traditional Donors (NTDs)** as a new source of funding.

The MRP 2.0 will be led and overseen by the UN Resident Coordinator in collaboration with the Head of Agencies of the UN Sub-Regional Team (UNST) for Barbados and the OECS and implemented with the support of the COVID-19 Interagency Committee. This committee will be responsible for ensuring the articulation and monitoring of the initiatives as specified in the MRP 2.0. Implementation of the initiatives outlined in the MRP 2.0 will be done either jointly or individually through the agencies' existing programming mechanisms.



Photo: RCO

# 1. The Multisectoral Response Plan (MRP) in 2020 and EMERGING Recovery Needs

The MRP 1.0 outlined the public health measures and the potential impact of COVID-19 on the region and facilitated resource mobilization to support countries to prepare for and respond up to December 2020.

As the impacts of COVID-19 extend beyond health and are having an acute impact on the socio-economic front, Eastern Caribbean countries have introduced long-term recovery measures through the development of national plans/strategies for socio-economic recovery from COVID-19 impacts. Additionally, several socio-economic and sector specific reports and assessments conducted by UN Agencies, such as the [HEAT reports](#), [Food Security Survey](#), socio-economic impact assessment, among others, as well as continuous dialogues /consultations with governments, development partners and different sectors of society, have evidenced the need to expand the UN's response under the MRP until December 2021.

The UN's understanding of the novel coronavirus and the ways in which the MRP 1.0 has prevented or supported countries in coping with the virus has become more holistic. This holistic understanding is improving our capabilities and the capabilities of our stakeholders and other partners working transmission and management of the virus, but it also makes analysis more complex. This means the MRP 2.0 must integrate a more multi-dimensional response to COVID-19 and the evolving needs of SIDS with a focus on the socio-economic impacts.

As the situation has changed, the MRP has evolved to ensure that it remains responsive to the changing needs. Addressing the deeper socio-economic impacts will require the adoption of new approaches and the identification of necessary resources to adapt the current initiatives to the long-term needs.

A review of the MRP 1.0 highlighted progress in several areas contributing to the scale up and impact at the national and sub-regional levels. For example, the Human Development Assessments conducted in 8 countries and territories in the early stages of the pandemic, have been a valuable source of analysis and data for the design of initiatives, while also informing countries' economic response plans for COVID-19. The UN has supported these plans by drawing on agencies' expertise and capacity for multisectoral partnership, as well as focusing on SDGs progress, resilience building and human development, with the 'leave no one behind' (LNOB) principle at the core of its response.

Despite achievements in the MRP 1.0, as we transition to its next iteration MRP 2.0, gaps and many more evolving needs are evident. The gaps identified and needs analysis will be used to foster continuity of essential services and lessen the social and economic impacts of COVID-19 in tandem with scaling-up of the public health preparedness and response measures.



**LEAVE  
NO ONE  
BEHIND**

## 1.1 Impacts of COVID-19 and Socio-economic Recovery Needs

Caribbean Governments have achieved relative success in reducing the spread of the coronavirus in their countries. The geographical isolation of the islands is a contributing factor, as well as the decisive and determined Government action that has been effective in reducing community transmission<sup>3</sup>. Whilst the coronavirus is first and foremost a health crisis, since the initial outbreak it has had a wide range of impacts on various sectors in the Caribbean, as anticipated in the first iteration of the MRP. The Eastern Caribbean response, much like the wider regional response, can be best described as a network of national responses strengthened by regional support structure. The Caribbean Disaster Emergency Management Agency (CDEMA) and the Caribbean Public Health Agency (CARPHA) have provided key resources and expertise to support outbreak response logistics and to bolster the regional testing capacity. COVID-19 has forced regional stakeholders and governments to develop a more coordinated response to effectively tackle the immediate health and economic crisis. There has been significant coordination on common regional health protocol for implementing COVID-19 testing and for regional procurement particularly for Personal Protective Equipment (PPE) for frontline workers and other health related needs, to ensure adequate supplies are readily available. Across the region, the impact of COVID-19 has significantly reignited discussions on enhancing regional public goods among critical developmental areas, and it has led regional governments to learn from each other and adopt successful strategies and best practices.

## 1.2 Impacts of Health and Health Sector

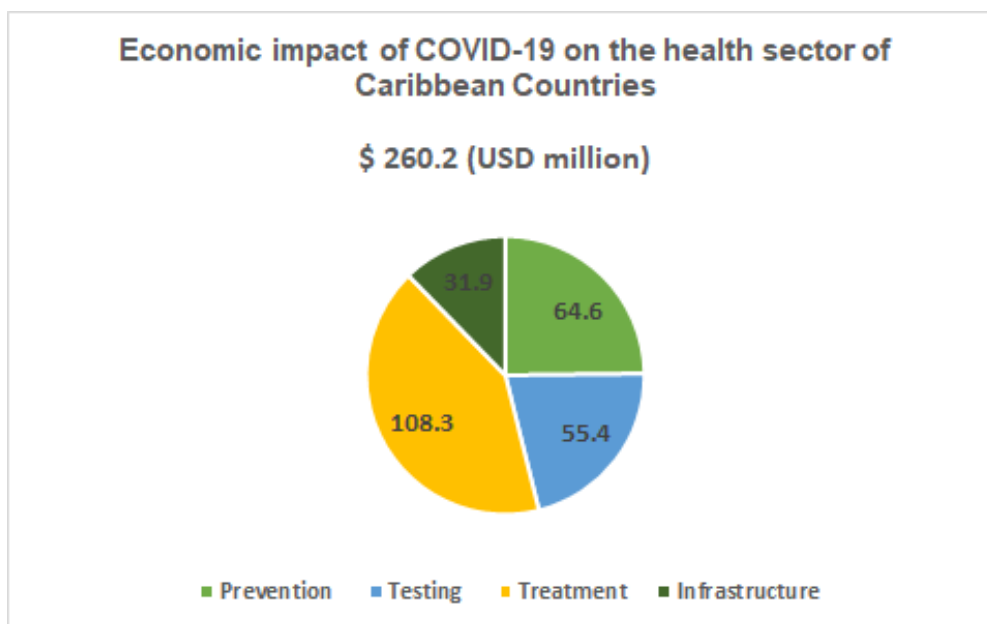
The Economic Commission for Latin America and the Caribbean (ECLAC) has estimated the total economic impact of COVID-19 on the health sector of Caribbean countries during the first quarter of 2020 to be US\$260.2 million. This impact is estimated under the areas of prevention, testing, treatment, and infrastructure, with COVID-19 prevention measures accounting for an estimated US\$ 64.6 million, testing US\$ 55.4 million, treatment US\$ 108.3 million and infrastructure US\$ 31.9 million. The cost of treating COVID-19 patients represents 42% of total expenditure, with prevention measure accounting for 25%. It is expected that these costs will increase over time if no vaccine is made available in the short term. There is the likelihood of a second wave of infections, with relaxed restrictions and with the reopening of economies. ECLAC projected that a second wave would result in the doubling of infected cases in each country, with a total economic impact of US\$ 484.1 million. Under a scenario in which countries record a tenfold increase in the infected cases, the economic impact on the health sector of the sub-region is estimated to be US\$ 2.3 billion<sup>4</sup>

The region's health systems have been challenged by increasing demands to provide care for persons infected by COVID-19, in addition to the disruption in the delivery of health care due to misinformation, discrimination, fear and limitations of movement. Countries have been adjusting their health systems to balance the demands of responding to the COVID-19 pandemic, while maintaining the delivery of other essential health services. In several instances, routine and elective services have been suspended and resources reallocated so that maximum benefit can be provided to the population. Although essential services were maintained in some countries, there was a reported significant decrease in the number of persons accessing care at public health facilities due to stay at home orders, school closures and freezes in public transportation. Health care workers have been particularly affected by the direct and indirect consequences of the pandemic.

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<sup>3</sup> Inter-Development Bank Caribbean Quarterly Bulletin (July 2020) Volume 9 Issue: 2.

<sup>4</sup> The Economic Commission for Latin America and the Caribbean (ECLAC) The Caribbean Outlook Forging a people-centred approach to sustainable development post-COVID-19 26-28 October 2020.



**Figure 1.0: ECONOMIC IMPACT OF COVID-19 ON THE HEALTH SECTOR OF CARIBBEAN COUNTRIES**  
**Source: Economic Commission for Latin America and the Caribbean (ECLAC)**

With an increasing number of cases detected in the ECC, the capacities of existing human resources have been stretched to keep-up with trainings on changing case definitions and use of new reporting forms for COVID-19 surveillance, while maintaining surveillance for other diseases. In light of this, surveillance teams will need to be strengthened to carry out case investigations and contact tracing. The current outbreaks of dengue being experienced in Grenada, Saint Lucia and Saint Vincent and the Grenadines are adding stress to already strained health systems as financial and human resources had shifted to address the COVID-19 pandemic. The course of the outbreak is likely to fluctuate thus responses need to be flexible to adapt and prioritize services to accommodate the changing context and needs. If a health system is well-organized, prepared, and resourced, it can limit mortalities due to its capacity to maintain equitable access to essential health services of high-quality during emergencies. These essential health services also include continuity of treatment of Non-Communicable Disease (NCD). NCDs are included in the list of essential health services in the countries' plans. These include services related to cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and chronic kidney disease and dialysis. Dental services, rehabilitation services and tobacco cessation were not included in the list of essential services as a part of the countries' response plans. The implementation of NCD surveys, public screening for NCDs and implementation of HEARTS technical package were particularly affected. The HEARTS technical package provides a strategic approach to improving cardiovascular health in countries.

The shifting of healthcare resources (human and financial) to the COVID-19 response, has led to various levels of disruption being experienced in the provision of immunization services and the public's perceptions on the safety of vaccines during the pandemic. Therefore, strategic actions must be implemented to disseminate precise health information, address concerns from the community and improve community ties and outreach interventions, to ensure the continued use of immunization services.

All countries have access to the Caribbean Public Health Agency (CARPHA), the regional reference laboratory. PAHO has assisted Barbados and all ECCs to develop national laboratory capacity for differential diagnosis and confirmation of unusual respiratory diseases, including COVID-19. Challenges include ensuring availability of reagents and tests and adequate and safe shipping of supplies and samples, to ensure continuity of services, as demand for testing grows.



The lack of appropriate medical equipment for treatment, lack of enough sufficiently trained personnel (at all levels including pre-hospital), and inadequate referral systems in countries may hinder timely provision of / access to the care necessary to save lives. In addition, the sudden demand of COVID-19 related medical products has created a supply gap that criminals have quickly filled with falsified products, scams and fraudulent activity that have affected public health. Additionally, the lack of opportunities and cutbacks in programmes or drug prevention and treatment and other social and health services, enhances the likelihood of poor and disadvantaged people engaging in harmful patterns of drug use and suffering attendant disorders. OECS countries use a pooled procurement mechanism for all reproductive health commodities, however, the main constraint of this method has been higher freight costs as a result of the COVID-19 pandemic.

Given the single use nature of some of the PPE items used to combat COVID-19, debate has ensued on environmental hazards regarding their disposal. PPE, which includes masks, gloves and goggles, have become indispensable plastic products for everyone currently witnessing the coronavirus pandemic. There are no reports or assessments done on the management of the plastic waste created due to COVID-19 in the Caribbean. It must be noted that we preempt these impacts to prevent long term environmental risk and health hazards to the region. It is critical that regional Governments, along with other stakeholders, establish practical and informed guidelines on the usage and disposal of PPE items. Additionally, capacity for risk communication must be improved to ensure that evidence-based information is regularly shared with the populations and commuters to reduce COVID-19 transmission and associated stigma and discriminatory behavior. The active engagement of stakeholders, both public and private, is necessary for the implementation of specific measures to ensure transparency, frequent communication with the public and access for vulnerable populations.

### 1.3 Impact on Social and Economic Sectors

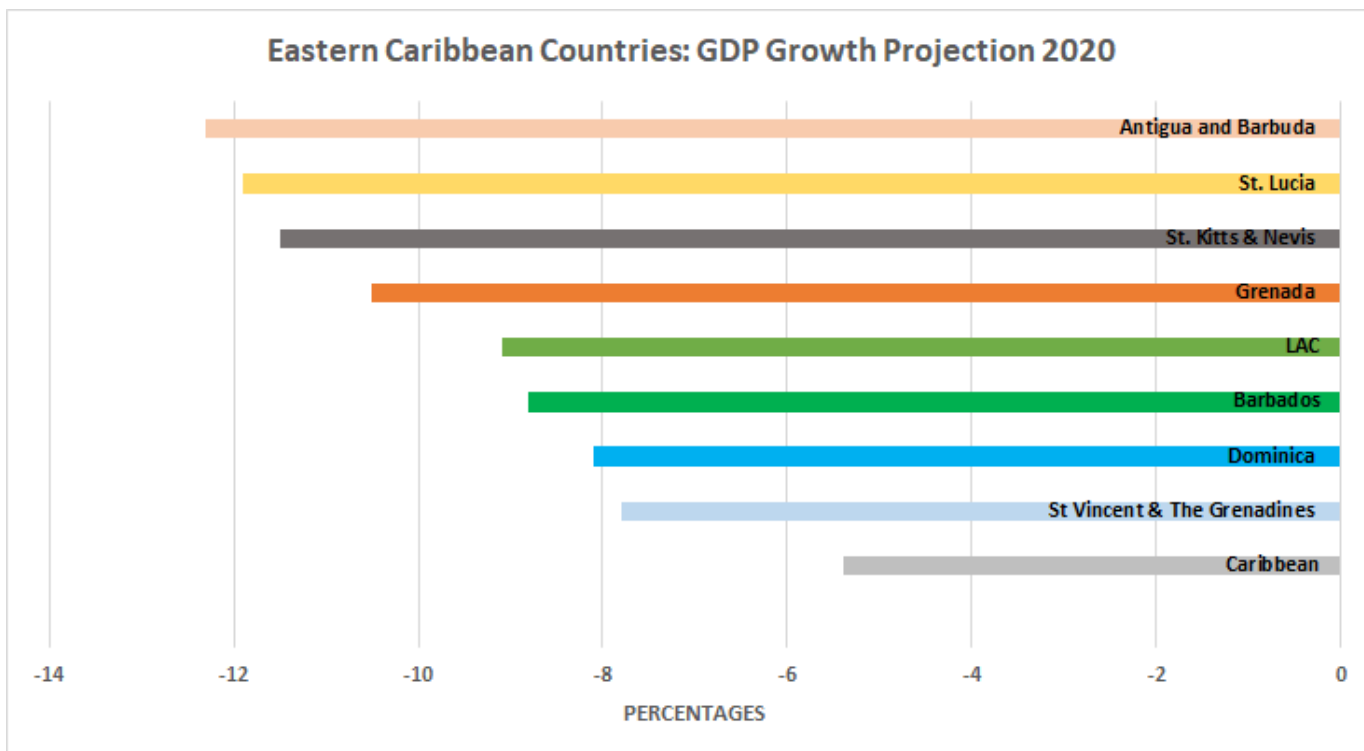
COVID-19 has changed the lives of the 7.8 billion people globally prompting governments and citizens to readjust and transform to doing business in a new normal<sup>5</sup>. Lockdown measures, as a response to reduce the spread of COVID-19, have brought economic activity to a near standstill, whilst Governments' ability to respond quickly and decisively to both the immediate health needs and the economic disruption is severely hindered by high indebtedness and limited fiscal space. The crisis is taking an increasing toll on incomes, with a July 2020 CARICOM impact survey finding that 69% of respondents had experienced job loss or reduced income in their household since the COVID-19 outbreak, compared to 48% in April 2020<sup>6</sup>.

According to ECLAC, the Caribbean economy will contract by 6.2% in 2020. The Eastern Caribbean economies are projected to experience negative growth averaging 8.4 per cent, with double-digit declines in Antigua and Barbuda (12.3%), Saint Kitts and Nevis (11.5%) and Saint Lucia (11.9%). This shows a worsening of the economic impact from the initial projections made early during the pandemic. Poverty and extreme poverty rates are expected to rise to 37.3% and 15.5%, respectively. The unemployment rate is projected to increase by 5.4 percentage points as compared to 2019 (8.1%). The disruption to the tourism sector has significantly affected economic activity across all islands also sharply slowing the agricultural sector. Agriculture in the region is labor-intensive and accounts for about 5% of GDP for 14 percent of the workforce; a figure that can rise to 24% if we add workers from the rest of the food chain. The value of the region's exports will fall by 23% and lower commodity prices will have a negative effect on the terms of trade. Services trade may be most directly affected by COVID-19 through transport and travel restrictions.

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<sup>5</sup> United Nations Brief#2 Putting the UN Framework for Socio-Economic Response to COVID-19 into Action: Insights June 2020.

<sup>6</sup> CARICOM COVID-19 Food Security and Livelihoods Impact Survey, implemented by WFP with support from FAO  
[https://docs.wfp.org/api/documents/WFP-0000118438/download/?\\_ga=2.160438836.845226398.1603185110-403782663.1600442247](https://docs.wfp.org/api/documents/WFP-0000118438/download/?_ga=2.160438836.845226398.1603185110-403782663.1600442247)



**FIGURE 2.0: EASTERN CARIBBEAN COUNTRIES: GDP GROWTH PROJECTION 2020** Source: Economic Commission for Latin America and the Caribbean (ECLAC)

Human and Economic Impact Assessments (HEAT) reports produced by UNDP, in collaboration with UNICEF, UN Women and regional economists, analyzed 8 countries and territories and pointed to major declines in output in 2020, ranging from around 6% to as much as 20%. Differences in these forecasts across countries reflected, inter alia, the pre-pandemic growth trajectory, the contribution of the tourism sector to overall value added, the importance of domestic consumption and the size and composition of the offshore sector. Return to growth is forecast for 2021, with levels highly dependent on the scale of the “second wave” in countries’ major trading partners.

As highlighted in the previous iteration of the MRP, Caribbean SIDS will face economic pressures both from within and abroad. The main source of economic shocks will be through commodity prices, tourism receipts, foreign direct investment, and remittances.

**Tourism revenues:** Due to many of the health protocols needed to limit the number of imported COVID-19 cases, there has been a severe reduction in tourists’ access and by extension tourism related services. Tourism was adversely affected during the first quarter of 2020 as the crisis began to unfold, and the sector was effectively shut down during the second quarter as complete travel prohibitions came into place.<sup>7</sup> In 2019, the tourism sector contribution to the GDP of the Caribbean was 11.8% and its overall contribution was 28.5%.<sup>8</sup> ECLAC provided three scenarios on the impact of the losses in tourism activity for the region. In the optimistic scenario, the losses will subtract 6.1 percentage points from GDP growth, 7.4 percentage points in the base scenario and 7.9 percentage points in a pessimistic scenario, with the worst impact on those economies which are most dependent on tourism. The least affected will be the countries with larger and more diversified economies.<sup>9</sup>

<sup>7</sup> The UN World Tourism Organization estimates that global tourism flows fell by over 20 percent in the first quarter of 2020. See <https://www.unwto.org/news/covid-19-international-tourist-numbers-could-fall-60-80-in-2020>.

<sup>8</sup> WTTC (World Travel and Tourism Council) (2019), “WTTC Data Gateway” <https://tool.wttc.org>.

<sup>9</sup> The Economic Commission for Latin America and the Caribbean (ECLAC) The Caribbean Outlook Forging a people-centred approach to sustainable development post-COVID-19 26-28 October 2020.

## 1.4 Indirect impacts on people

The COVID-19 outbreak affects all segments of the population. It has been particularly detrimental to members of social groups that are already in the most vulnerable situations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples.

Beyond the primary health implications of contracting COVID-19, past COVID epidemics have shown that the secondary impacts are at least as important as primary impacts.<sup>10</sup> Secondary impacts are multi-dimensional covering wider implications beyond health systems, the economy and market systems, other basic services e.g., education and social protection, social development, governance structures and security. Experience has shown that stress leading to failures in one or more of these dimensions can severely undermine humanitarian efforts and amplify problems faced by populations already in crisis. The various dimensions are considered below:

- **Livelihoods:** How people earn a living is already being impacted by the virus and the measures put in place for its containment. The Caribbean COVID-19 Food Security and Livelihoods Survey found that 53% of respondents were faced a disruption to their livelihoods (down from 74% in April), primarily owing to movement restrictions put in place by governments and reduced demand for goods and services. While the impact on livelihoods has improved since April, the number of people reporting reduced household income has increased from 48% in April to 69% in July, suggesting a deepening crisis with declining incomes, particularly for the most vulnerable. Job loss or reduced income was reported by most respondents with income below average (83%) or well below average (88%). Women are expected to be more vulnerable to losing their livelihoods, as their workforce represents most of the informal sector jobs that are also more severely affected. The livelihoods of women may also suffer if they assume the role of primary care givers. Early evidence suggests that violence against women and girls has increased during the pandemic and a lack of access to livelihoods has limited their ability to leave abusive relationships.
- **Food and Nutrition Security:** The pandemic has exacerbated income, food and nutrition inequality in Latin America and the Caribbean. Currently, the most vulnerable populations have less capacity to purchase food that is also not readily available; their right to healthy food is under severe threat<sup>11</sup>. The economic downturn caused by COVID-19 is increasing food insecurity in the Caribbean. According to the World Food Programme (WFP), the nutritional situation in the region will worsen as a result of the pandemic<sup>12</sup>. In other words, if the crisis persists and its effects do not decrease over time, many more people will have no choice but to buy cheaper food of inferior nutritional quality. There is thus a vicious cycle between malnutrition and the pandemic. It is estimated that 2.9 million people were food insecure in the English-speaking Caribbean (out of a total population of 7.5 million) in July 2020. While the estimated number of the severely food insecure has remained constant, this is a substantial increase in the number of moderately food insecure compared to April (from 1.3 million to 2.5 million).<sup>13</sup>

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<sup>10</sup> <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/15129>

<sup>11</sup> FAO and ECLAC. 2020a. Food systems and COVID-19 in Latin America and the Caribbean: The role of social protection measures Bulletin 7. Santiago. <http://www.fao.org/documents/card/fr/c/ca9435en/>

<sup>12</sup> WFP. 2020a. Risk of hunger pandemic as coronavirus set to almost double acute hunger by end of 2020 <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072?gi=ebe125b9048b>

<sup>13</sup> CARICOM COVID-19 Food Security and Livelihoods Impact Survey: Regional Summary Report July 2020. Conducted by WFP on behalf of the CARICOM Secretariat.

The CARICOM COVID-19 Food Security and Livelihoods Surveys found that food consumption is deteriorating, with one-third of respondents in July 2020 reporting that they were skipping meals, eating less or going a day without eating. Among those classifying their income as well-below average, 53% indicated that they were eating less/skipping meals and 16% that they had gone a whole day without eating in the previous week. Increases in food prices were reported by 78% of respondents. The declining regional economies with limited capacity to provide extensive social safety nets will continue to drive up the level of unemployment (currently above 60%), and poverty leading to reduced household purchasing power.



The redirection of national resources to combat the spread of COVID-19 contributes to the slow development of sustainable, productive and resilient food systems. Farmers and fisherfolk are already constrained by limited access to investment and funding facilities, critical inputs of production, cold storage, climate smart technology and technical expertise. The absence of effective logistical mechanisms exacerbates the level of food loss and waste. Caribbean SIDS, prior to COVID-19, were reporting food loss levels as high as 30%. During the COVID-19 lockdown, food loss and waste intensified, as restrictions on movement disrupted farms, processing facilities and markets.

- **Education Systems:** The temporary closures of all educational facilities in the Caribbean has impacted nearly 12 million learners in over 29 Caribbean countries<sup>14</sup>. The impact of school closures has been more severe for disadvantaged children and their families, causing interrupted learning, compromised nutrition, childcare problems and consequent economic cost to families who could not work. In response to school closures many institutions have opted for distance and online learning. In the Caribbean, despite the transition to online learning the closure of schools has cost the education sector an estimated US \$92.5 million. This expense consists of US \$85.7 million in productivity losses, equivalent to the earnings of teachers during the period of school closures in each country, teachers' additional stipends to support national assessment preparations, and the cost of providing school meals to students during school closures.<sup>15</sup> Nutrition plays a critical role in the cognitive development and academic performance children. Many children, particularly those from vulnerable families, rely on free or discounted meals at schools to meet their daily nutritional needs. Governments in the region have made alternative arrangements for students who received free or subsidized meals under school feeding programmes to continue receiving this benefit. School meal programmes have continued in different modalities, such as food cards for households with eligible children, weekly food kits for eligible families, or daily meals distributed from school premises. For example, Antigua and Barbuda's programme covers 1,500 children from vulnerable families at a cost of US\$ 63,722. In the case of Anguilla, support was provided in partnership with the United Nations Children's Fund (UNICEF), covering additional 67 students who receive regular school feeding and whose families will instead receive an amount of 200 East Caribbean dollars (around US\$ 74) per month for three months. The cost of implementing such alternative school feeding programmes across the region is estimated to be around US\$ 3.8 million.<sup>16</sup>

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<sup>14</sup> Based on pre-primary, primary, secondary and tertiary education enrolment figures as reported by UNESCO Institute for Statistics (<http://uis.unesco.org/>).

<sup>15</sup> The Economic Commission for Latin America and the Caribbean (ECLAC) The Caribbean Outlook Forging a people-centred approach to sustainable development post-COVID-19 26-28 October 2020.

<sup>16</sup> The Economic Commission for Latin America and the Caribbean (ECLAC) The Caribbean Outlook Forging a people-centred approach to sustainable development post-COVID-19 26-28 October 2020.

The transition to online learning has exacerbated pre-existing education and inequality disparities by reducing the opportunities of the most vulnerable children, youth, adults, and persons living with disabilities. Online learning has also created capacity gaps for teachers, who require reskilling and retooling in this area. In addition, online learning has not benefitted all students equally. Students who lack access to technology and adequate Internet connectivity or live in limited shared spaces with other family members, in small housing units, face obstacles to continued and distance learning. Many families do not have access to digital and online learning devices or cannot afford internet access to use these tools. Prior to the pandemic, more than half the households in the sub-region had no Internet access. The quality and cost of connectivity varies across countries in the sub-region, and Internet penetration and connection quality are poorer in rural areas than in than urban areas.<sup>17</sup>

Some countries including the Commonwealth of Dominica, that was affected by a category five hurricane in 2017, are still in the rebuilding phase relative to much of their telecommunication infrastructure. As such they generally lack reliable internet connectivity in rural and remote areas. Students living in these communities suffer because they do not have access to a stable environment and the learning support needed to adapt to these new modes of instruction that served as ad-hoc fixes to the education system, in order to continue the syllabus as normal during an abnormal pandemic. These challenges have prevented Caribbean governments from quickly and efficiently adopting remote learning tools, resulting in a widening digital divide. Lack of access to digital tools and connectivity will disproportionately affect disadvantaged families who have fewer educational opportunities beyond school and rely on school services for nutrition and other basic services.

The digital divide continues to play a factor in the lives of many students and students' ability to adapt to the new online learning environment presenting many challenges and dissatisfaction with their academic experience which could possibly affect their performance in a final exam.<sup>18</sup> Other associated impacts, due to school closures, include gaps in childcare, effects on health-care systems, potential increases in dropout rates, new hurdles for child development due to forced adjustment to distance and home schooling. Parents and families were also adversely impacted by school closures. Families are now coping with new pressures in allocating time for housework, paid work, and a sudden and unexpected increase in childcare responsibilities. Women often represent a large share of health-care workers and often are unable to attend work because of childcare obligations due to the closure of schools. This results in many women medical professionals and frontline workers not being where they are most needed to contain the spread of the virus.



<sup>17</sup> The Economic Commission for Latin America and The Caribbean (ECLAC) (2018d), State of broadband in Latin America and the Caribbean 2017 (LC/TS.2018/11), Santiago.

<sup>18</sup> The World Bank. (2020). The COVID-19 Crisis Response: Supporting tertiary education for continuity, adaptation, and innovation <http://pubdocs.worldbank.org/en/621991586463915490/WB-Tertiary-Ed-and-Covid-19-Crisis-for-public-use-April-9.pdf>

- Social Cohesion and Citizen Security:** To ensure the continuation of justice administration many countries had mitigated the risks of COVID-19 with various protocols, albeit with limited delays. While there is no data, it is believed that delays in court hearings could fuel social unrest and undermine human rights. This is also extended to women and survivors of Gender-based Violence (GBV) being able to have access to justice despite services and social spending being limited and stretched. There has been a rise in the use of the internet to facilitate remote working from home and learning for both adults and children. With no cyber surveillance there has also been an increase in cybercrime and online abuse including hacking of online meetings. Those exposed are likely to be the most vulnerable in the Caribbean, including children, who may lack secure internet connectivity. Physical distancing measures have increased children's outreach to new contacts and groups online which could be exploited by predators to groom children for sexual exploitation. As a result of movement restrictions, families have been forced to remain in close quarters, which, for children living with abusers, could result in an escalation of sexual abuse both offline and online. While movement restrictions have been lifted in many of the Caribbean countries, psychosocial support remains invaluable for children who have experienced any kind of online sexual exploitation and cyberbullying. There is an element of mental health to be considered due to the constraints of quarantine that made access to traditional face-to-face support for mental health services difficult. Varying restrictions reduced the flexibility of care offers, given the need for social isolation. Additionally, there has been a level of xenophobia that has emerged in some Caribbean countries due to various Government decisions and social programs that have leaned towards excluding migrants, both documented and undocumented. Ultimately, this resulted in unequal access to basic services, with situations where social protection programmes were unable to reach not only migrants but the most vulnerable citizens. The strain of unemployment and shutdown of schools, particularly amongst youth, may also cause increases in crime and violence. This is fueled, in part, by the prevalence and interaction at the local level of illicit flows of drugs and firearms, as well as the presence of organized crime groups willing to offer their services to the vulnerable and boost their ranks with new recruits.
- Social Protection Systems:** The socio-economic impacts of the pandemic have increased the demand for social assistance and social insurance. To date, social insurance spending across the OECS has averaged around 2% of GDP (OECS). The extraordinary shocks the region is currently facing have exacerbated structural inequalities and exposed the weaknesses of existing social protection systems. Despite this, all countries and territories in the Eastern Caribbean have been able to use their social protection, that are at different levels of maturity, to respond to the impacts of COVID-19. This has been done by introducing new social protection programmes or leveraging existing programmes to provide top-ups to existing beneficiaries or expand coverage to new beneficiaries who became vulnerable due to COVID-19. This social protection response has increased budgetary spending for all countries and could potentially lead to greater debt burdens or small budget surpluses. All evidence continues to suggest that the crisis is going to be long term with significant risks to both growing rates of poverty, and further exacerbation of inequality between and within countries. The most frequently adopted social protection measures are unemployment benefits, payroll subsidies and social assistance. Barbados, Saint Lucia, and Bahamas are among the few Caribbean countries that already provided unemployment benefits as part of their social security systems. These schemes have now been supplemented by temporary benefits for self-employed persons, for contributing members only in Barbados. In Anguilla, where the social security system does not routinely provide unemployment benefits, a temporary COVID-19 unemployment benefit has been introduced, paid at the full rate to insured workers and at 80% of the full rate to uninsured workers, while in St. Kitts and Nevis and Saint Vincent and the Grenadines, it is restricted to insured workers only.

The various temporary unemployment benefits being provided by Caribbean countries in response to COVID-19 are estimated to amount to US\$ 509 million. Overall, the estimated additional social protection expenditures in response to the COVID-19 pandemic in the Caribbean (beyond Barbados and ECCs) amount to US\$ 1.3 billion.<sup>19</sup> As the most tourism-dependent region in the world, with high levels of informality, some programmes have also targeted informal, casual and temporary workers operating in the service industries unable to access employment-related protection. However, barriers to applying are high in some cases, with requirements including proof of income and paper-based systems, having slowed down their access. Only a handful of national programmes have provided support to documented and undocumented migrant workers, who are typically excluded from accessing social protection instruments. In BVI, for example, the income response support programme is open to work permit holders who are not supported by social security and who were previously employed for a certain period pre-COVID-19. The widespread use of social protection programmes in response to COVID-19 creates an opportunity to make progress on strengthening social protection systems, enabling them to prepare for and respond to shocks. The overarching aim is to progressively expand coverage to other vulnerable populations or sectors, towards universal coverage, and linking social protection to other disaster risk management instruments.

## 1.5 Identification of Vulnerable Groups

**It is believed that the secondary impacts from COVID-19 will threaten the lives of key vulnerable groups across Barbados and the Eastern Caribbean more so than the disease itself.** Although vulnerability is strongly associated with poverty, during the COVID-19 pandemic it has resulted in the interaction between social determinants of health that go beyond people living in poverty. These include those persons who have experienced social disadvantage such as financial insecurity and the absence of social assistance programmes, those who have low levels of literacy, who are coping with addictions and those living with disabilities or with limitations that influence their ability to live independently or meet their daily basic needs. For some productive sectors or groups, the secondary impacts of COVID-19 were even exacerbated by other natural disasters such as droughts and hurricanes. The social and economic impacts of COVID-19 and the response measures continue to impact the well-being of these groups that also include families, women, children, elders, PLWHIV and migrants.

- **Children:** The child population in the Eastern Caribbean comprise of 570,000 children (26 per cent of the total population of 2.2 million). Children and youth respectively, in some instances, are being directly impacted by school closures, and indirectly by restrictions on movement, rising unemployment and poverty resulting from business shutdowns. Children disproportionately bear the burden of poverty, as one in three (32.9 per cent) of them within the sub-region live in poverty comparing to one in five (21.3 per cent) adults. Children living in and vulnerable to poverty will face the additional burden from the secondary impact of COVID-19. This poses threats to their food security and nutrition as well as mental health, while potentially increasing their likelihood of becoming victims of violence and abuse, as parents struggle to adapt to decreasing incomes and increased time in the home.
- **Elderly:** Given the high rates of risk factors for COVID-19 in the region (high prevalence of non-communicable diseases) all Caribbean people are at risk, especially the elderly. COVID-19 has resulted in elderly women and men experiencing higher mortality rates than other populations with elderly men most at risk of death. **Elderly men influenced by unhealthy stereotypes** may avoid asking for help and seeking medical assistance. Additionally, **elderly women will face greater discrimination based on gender norms and culturally embedded values**, where structural violence against them will limit their ability to meet basic needs and access relief services, they will be facing higher risks of GBV. Elderly women usually face economic deprivation, which will leave them dependent on social help and caretakers who may not be able to continue working due to imposed restrictions.

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<sup>19</sup> The Economic Commission for Latin America and the Caribbean (ECLAC) The Caribbean Outlook Forging a people-centred approach to sustainable development post-COVID-19 26-28 October 2020.



- **For all countries except Barbados, Dominica and Montserrat, the elderly - defined as being over 65 years of age - account for around 10% of the total population.** In Barbados, Dominica and Montserrat, the elderly account for almost 16% (45,297 citizens), 12% (8,462 citizens) and 14% (691 citizens) respectively and the threat therefore of COVID-19 is most apparent.
- **With the exception of Barbados, all of the countries covered have lower dependency and old age dependency ratios compared to advanced economies** - US (DR 52.7%; Old DR 24.1%), UK (56.43%; 28.8%), Japan (68.3%; 47.1%), Germany (67.6%; 33.0%), Spain (51.2%; 29.4%) and Italy (56.5%; 35.6%) - where fatality rates are highest. For Barbados, its old age dependency ratio, while lower than most advanced economies, indicates that the elder poses a higher burden - health costs - on its working age population relative to its neighbors.
- **Women:** The socio-economic shock from COVID-19 has adversely affected women more than men and threatens to reverse progress made in the Caribbean towards any kind of gender parity. Although specific data on the impact of the crisis on women is not yet readily available, we can agree that women who are small business owners or domestic workers are now generally earning less, saving less and holding insecure jobs or living close to poverty. Many of the layoffs have been particularly acute in the services sector which includes retail, hospitality and tourism which are generally overrepresented by women. This has affected most female-led single parent households, limiting their capacity to absorb economic shocks and ability to support themselves and their families. There has been an emerging pattern where some businesses has used the crisis as a justification to “ration” staff and often the first to be laid off have been women. In the agriculture sector, on-going analyses indicate that women have also been more affected by movement restrictions and in some cases have also experienced increased domestic workloads.



- **Women Experiencing GBV including Intimate Partner Violence and Sexual Violence:** Emerging data has shown that since the outbreak of COVID-19 there has been an overall increase in the number of women calling helplines and reporting cases of Gender-based Violence (GBV). Part of this is due to the combination of increased tension, stress, and confinement conditions of the households. COVID-19 has also led to disruptions in care and support services for women and survivors of GBV. GBV services related to safety, security and justice have been disrupted as Government institutions have shifted much of their responses to the COVID-19 pandemic and curbing the spread of the virus. Additionally, as countries are slowly reopening, the capacity of many response services are being stretched and it is arguable that this would ultimately reduce the quality of the protection and support services available, which can contribute to perpetrators believing there is less impunity for GBV cases.
- **Women of Reproductive Age:** COVID-19 has impacted the sexual and reproductive health of women and girls of reproductive age by limiting access to essential services. During the initial lockdown in many of the Caribbean countries, the restriction in movement prevented young people from going to health clinics where they often receive sexual and reproductive health care services and information as well as broader social support. Additionally, due to the impact of COVID-19 on supply chain management SRH providers are finding themselves without access to PPE and a secure supply of vital commodities like contraceptives. Access to telemedicine and the ability to take medicines in their own homes, such as medical abortion medication, is being advocated for to curb the detrimental impacts. Pregnant women with COVID-19 experience higher risk of complications and as a result many Caribbean countries have scaled up antenatal services by increasing the days of clinics and increasing the hours of service, while ensuring inclusion of infection control and prevention measures. The coronavirus disease pandemic (COVID-19) could also undermine progress to end unmet family planning needs by 2030, as access to contraceptives in the region could deteriorate as an immediate effect of service disruption, as well as the indirect result of declines of personal and household income. In Caribbean countries, some family planning advocates have noted or expect a rise in unintended pregnancies due to sex as a coping mechanism and a product of increased sexual violence amongst women.



- Persons Living with Disabilities:** The pandemic has revealed the importance of not only having official statistics and disaggregated data, personal protective equipment and basic services, specific guidelines and sanitary measures for working with persons with disabilities, but also the need to guarantee their human rights. This includes access to information and education and preserving dignity as well as that of their families, caregivers and support networks. Results from the international survey on people with disabilities indicate that most participants in the survey (70.5 %) responded that they require the support of another person to carry out their daily activities. This highlights their dependence on support networks, 80% of whom were revealed to be family members. Regarding their risk of contagion and that of their support person or care provider, 59% of respondents said they do not have another person who could provide them with necessary care if their main care provider were to become infected, this being another factor that further increases their vulnerability. Nearly 80% of survey participants said that they are not aware of any specific public actions, programs, or initiatives in their country for persons with disabilities to address the pandemic. Of the remaining 20% who responded that they are aware of such initiatives, 48% rated these measures as poor. Among those that are known, 59% were noted as public measures by national authorities and only 29% as those by local public authorities. Regarding access to information, 68% of respondents stated that they do have access to information related to the pandemic in an accessible way. This ultimately implies that information provided by governments and institutions both to prevent infection and to respond in case of illness, must be made available in accessible formats.
- Youth: Youth account for 355,000 (16%) of the total population in the Caribbean and unless urgent action is taken, young people are likely to suffer severe and long-lasting impacts from the pandemic.** The impacts of COVID-19 on young people are systematic, deep, and disproportionate. The pandemic has been particularly hard on young women, younger youth, and youth in low-income countries. At the outset of the pandemic, the global survey on youth and COVID-19 found that 73% of young people who were either studying or combining study and work experienced school closures, yet not all were able to transition to online and distance learning. Despite the best efforts of schools and training institutions to provide continuity through online delivery, 65% of young people reported having learnt less since the pandemic began, 51% believe their education will be delayed and 9% feared their education would suffer and might even fail. Additionally, the pandemic has inflicted a heavy toll on young workers, destroying their employment and undermining their career prospects. One in six young people who were employed before the outbreak, stopped working altogether, most notably younger workers aged 18-24. Working hours among employed youth fell and there is an expectation that young people in lower-income countries are exposed to reductions in working hours and a concomitant reduction in income. It is important to highlight the gender dynamic where young women have reported greater losses in productivity compared to young men. Additionally, severe disruption to learning and working, compounded by the health crisis, has seen a deterioration in young people's mental well-being. The study finds that 17% of young people are probably affected by anxiety and depression.<sup>20</sup> In some countries, the access to reproductive health commodities have been restricted to adolescents due to a lack of availability and limited family planning services.

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<sup>20</sup> [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/documents/publication/wcms\\_753057.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_753057.pdf)

# 2. Strategy

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## Key Strategic Actions:

### 2.1 Further contain the spread of COVID-19 in the region

Vulnerable populations in the Caribbean region are further exposed to COVID-19 spread when prevention messages and key information are inaccessible, health services are limited, overwhelmed or denied and there is an absence of medical equipment or trained staff to respond to life-threatening situations. Therefore, UN partners will support efforts to increase the health sector's capacity to reduce the spread of COVID-19, by strengthening health emergency, risk management and surveillance capacity (including HCW and systems), strengthening risk communication and community engagement. Steps will be taken to maintain access to essential services, and improving institutional capacity leading to more resilient health systems. Attention will also be paid to strengthening risk communication and community engagement, maintaining access to essential services, and improving institutional capacity and resilience of health systems.

The acceptance and uptake of COVID-19 vaccines also presents an unprecedented challenge, that necessitates dependence on existing scientific knowledge, acquisition of new information, and real-time insight into works and what does not. Communication with targeted populations in communities is critical in order to effectively respond to concerns, expectations, and misinformation relative to COVID-19 vaccines. These efforts can play a positive role in building the trust of the community in health systems, while informing the design and delivery of policies and services that are responsive and respectful to local needs, thus ensuring that no one is left behind.

### 2.2 Promote protection and well-being of the most vulnerable

Though the sub-region has succeeded in making progress towards high and upper-middle income countries through social protection systems and sound economic policies, further efforts to make social protection inclusive, equitable and shock-responsive are needed to protect development gains and to address persistent poverty and economic inequalities. In this context, UN partners support access to continuous education and learning, to essential protection services for children and women, and to social protection for the most vulnerable populations and to strengthen evidence-based interventions for promoting cohesion and inclusion.

### 2.3 Minimize the social and economic impact and ensure resilient recovery

High indebtedness, economic fragility, social vulnerability, and exposure to climatic shocks of the Caribbean region (triggering humanitarian consequences) deepened with the COVID-19. This context tends to surpass the capacities of many of these countries to deal with the disastrous consequences of different hazards. The impact of these hazards, can therefore compromise and even reverse development gains, hindering countries' growth and their capacity to effectively implement poverty reduction strategies<sup>3</sup>. For example, lockdowns to mitigate the pandemic hit low-paid and informal workers particularly hard. As many as 38% of total workers (and 61% of vulnerable informal workers) do not have access to any kind of social protection<sup>4</sup>. Therefore, UN partners will support efforts to facilitate economic recovery and transformation of businesses, strengthen evidence-based policies for promoting socio-economic recovery and disaster risk management and support food security and livelihoods of vulnerable populations.

## **2.4 Promote AIDS access to partnerships and financing for development**

Small island developing states (SIDS) in the Caribbean are, for the most part, middle income countries and rank relatively high on the Human Development Index. Despite this, they continue to experience social development challenges related to citizen security, public health, widening income gaps, retention of highly trained nationals, climate change and natural hazards. COVID-19 significantly exacerbated these vulnerabilities. In this context, UN partners collectively support strengthening strategic alliances with IFIs and Non-Traditional Donors, enhancing regional and sub-regional policy support, and leveraging core competencies of stakeholders and partners to support effective joint programming.

# 3. Theory of Change

While the MRP 1.0 focused on eight pillars, the MRP 2.0 has been reviewed and streamlined to four key interdependent pillars to address and provide a more integrated approach to the COVID-19 response. In this regard, the MRP 2.0 addresses key areas that, at its core, integrates a solid human rights-based approach and fosters operational efficiency through mainstreaming of logistics services, among other areas.

The expansion of the MRP aims to further strengthen the UN's integrated response, while also serving as a bridge to the new United Nations Sustainable Development Cooperation Framework (UNSDCF), beginning early 2022. As such, it links the UN's comprehensive response for greater impact in the short and medium term, while setting rapidly the recovery foundation to support the longer-term development within the new cooperation cycle.

## MRP 2.0 Results Framework

### GOAL

To stimulate medium-term socio-economic recovery from the impact of COVID-19 in the Eastern Caribbean

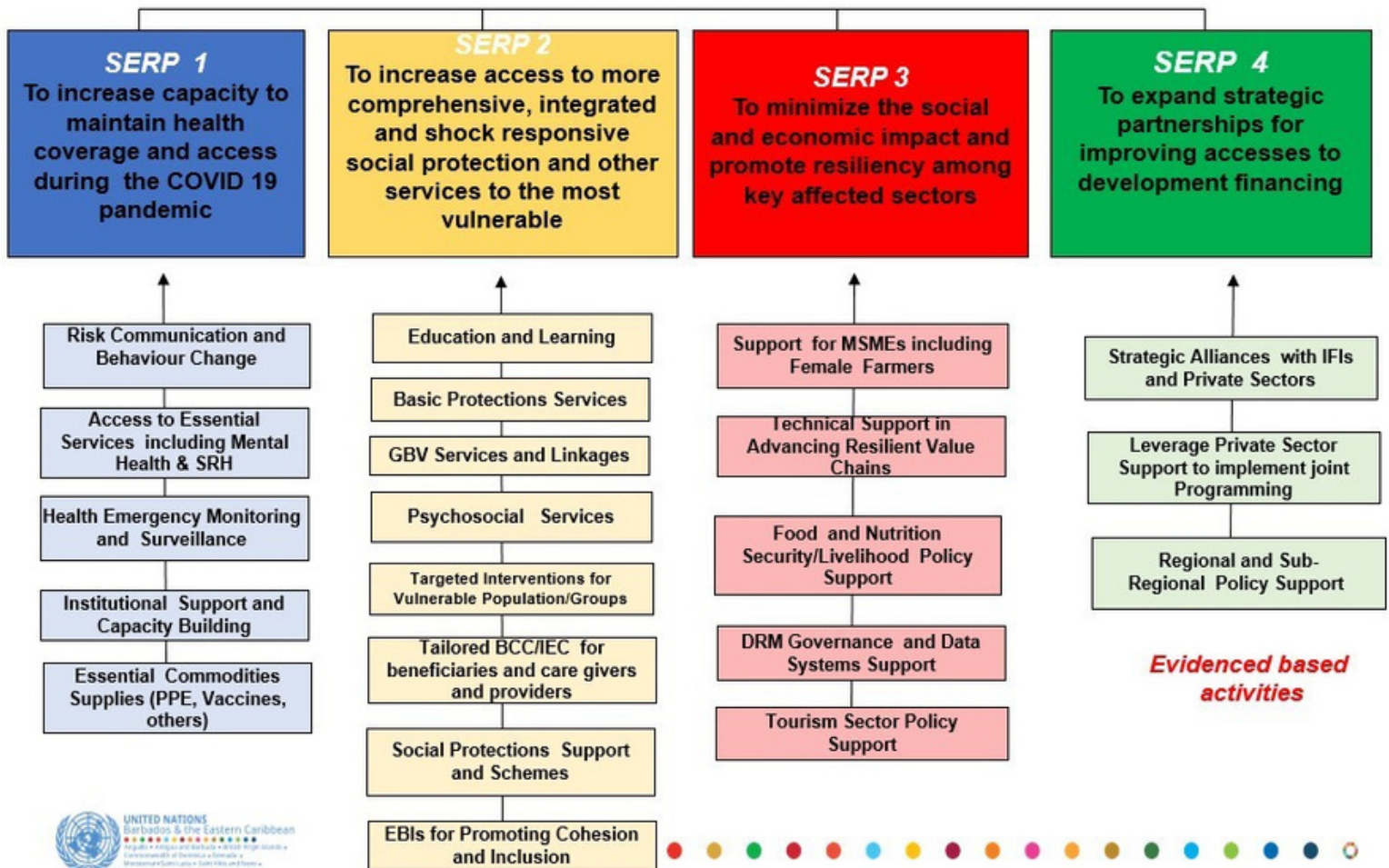


FIGURE 4.0 MRP 2.0 RESULTS FRAMEWORK

## Preconditions:

- The UN Agencies and Governments continue to work with a broad range of stakeholders through innovative partnerships to implement the MRP 2.0 The Governments and UNCTs retain their convening power and capacity to mobilize partners in the civil society, the private sector and a large variety of public and semi-public institutions.
- Partners will have varied roles in the implementation, monitoring, evaluation, and reporting of the MRP.
- The UN will provide direct support to strengthen national responses whilst simultaneously supporting critical regional mechanisms such as CARPHA and CDEMA.
- Financial and technical resources will be actively mobilized from multilateral and bilateral institutions in order to advance priority results for the four pillars.
- The UNST remains transparent and accountable to stakeholders and will provide periodic programming and resource mobilizations updates as required.
- There is active engagement and participatory monitoring with key stakeholders, to enable continued relevance of the MRP throughout the implementation period of 1 January 1- 31 December 2021..

## SUSTAINABLE DEVELOPMENT GOALS



# 4. Strategic Pillars

## 4.1 Health Systems & Standards

Within the sub-region, health systems capacity remains at elevated risk of being overwhelmed by the COVID-19 outbreak. If these already fragile systems are stretched any further, they can eventually collapse, causing deaths from the outbreak itself to be quickly superseded by deaths from preventable and or treatable conditions. It is, therefore, necessary to maintain essential lifesaving health services, even while addressing those related to the emerging pandemic across the region. Governments will need to strike the difficult balance between the demands of responding directly to COVID-19, while maintaining essential health service delivery, and mitigating the risk of system collapse.



### 4.1.1 COVID-19 Vaccine: Logistics

Given the current COVID-19 pandemic; institutions, commercial developers, and researchers around the world are working at an unprecedented speed to develop a COVID-19 vaccine and it is envisioned that such may be available by March 2021. While there are still unknowns about the vaccine products, there are immediate actions that countries can take to prepare and ensure the infrastructure and key components of their National Deployment and Vaccination Plan for Covid-19 Vaccines are developed. Important logistical aspects to consider are:

- 1.Regulatory Preparedness: Countries need to ensure that there is an expedited regulatory pathway for approval of COVID-19 vaccines and the appropriate documentation for importation.
- 2.Establish National Coordinating Committee (NCC) for COVID-19 vaccine and National Technical Working Group (NTWG)
- 3.Identify resources and funding required
- 4.Identification of Target Population according to the current level of transmission and countries priorities.
- 5.Define a vaccination delivery strategy according to the respective target group
- 6.Human resources management and training
- 7.Ensure that guidelines, documented procedures, and tools are in place for pharmacovigilance activities and for planning and conducting vaccine safety monitoring and management of adverse events following immunization.
8. Vaccine, Cold Chain and Logistics
9. Data monitoring systems
- 10.Design a demand plan (includes advocacy, communications, social mobilization, risk and safety community engagement, and training) to generate confidence, acceptance, and demand for COVID-19 vaccines. It must include a crisis communications preparedness planning.

## 4.1.2 COVID-19 Vaccine: Distributiton

The Access to COVID-19 Tools (ACT) Accelerator is a mechanism that brings together numerous partners under one global effort to support equal access to the three pillars related to COVID-19: diagnostics, treatments, and vaccines. The vaccine pillar includes three components: development and manufacturing, coordinated by the Coalition for Epidemic Preparedness Innovations (CEPI); policy and allocation, coordinated by WHO; and procurement and delivery at a global scale, coordinated by Gavi with participation from other partners including WHO.

Under procurement and delivery there is the COVID-19 Vaccine Global Access (COVAX) Facility. The COVAX represents a global multilateral collaboration intended to accelerate the development, production, and equitable access to COVID-19 vaccines when they become available. It involves a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines. By participating in a globally coordinated mechanism, countries will be able to hedge the risk and increase chances for success by contributing to a large and diverse portfolio of COVID-19 vaccines. At the same time, through such a global mechanism, governments with limited or no ability to finance their own bilateral procurement can be assured access to life-saving vaccines that would otherwise have been beyond their reach.

All the countries in the ECC (10) are part of the COVAX facility. Once vaccines are approved, all countries will receive vaccines for up to 20% of their population. These vaccines will be delivered to all participating countries, in a manner that is proportional to their populations and in a way that they are initially provided to 3% of the population and later expanding to cover up to 20%. Based on the country National Deployment Plan and Readiness vaccines will be applied to their identified target population.

Within the COVAX Facility, there are two groupings of countries, the first grouping is composed of the self-financing countries and the second grouping is composed of the 92 countries that may receive a subsidy to help cover the cost of new COVID-19 vaccines. In the Eastern Caribbean, four countries meet the requirements to receive COVAX AMC support: Dominica, Grenada, St. Lucia, and St. Vincent and the Grenadines.

The logistic for distribution to the countries is expected to be similar to the current process, using the Revolving Fund mechanisms. The Revolving Fund for Access to Vaccines is a regional pooled procurement mechanism. For more than 40 years, the Revolving Fund has facilitated demand forecasts and uses of national resources to procure high-quality life-saving vaccines and related products at the most affordable price for countries in the Americas. Currently, all ECC Member States and territories benefit from services offered by the Revolving Fund.

## 4.1.3 Logistics on PPE Supply Chain

Important logistical aspects to consider are:

- 1) Inadequate inventory systems (electronic inventory registers, trained personnel, warehousing, distribution management, and demand planning) in countries, negatively impact the lead time for PPE supplies, often resulting in ad hoc, on-demand requests and periods of depleted stocks.
- 2) The persistently high demand for PPEs creates an inconsistency of supply, with the need for use of multiple vendors resulting in variability in quality and design and increase in lead time for acquisition.



3) The coordination of PPE distribution from supplier to countries, under a multiple country office, is challenging concerning:

- Cost of shipping
- Record keeping of PPE supplies sent directly to countries on behalf of the country office
- Need for debulking and repackaging for shipment to countries when sent through the country office

## 4.2 Social Protection and Social Services

Everyone is affected by COVID-19, but the most vulnerable and/or marginalized people and groups are impacted the hardest, with significant intergenerational implications for poor families. Vulnerable populations and groups include those surviving on income from the informal sector and those now shouldering the additional burden of unpaid care work. Immediate social protection responses have helped these groups to cope with the crisis. Additionally, the implementation and expansion of unemployment benefits, in various countries, has also been instrumental in supporting workers from the hospitality sector and other sectors, who have lost their jobs as a consequence of the pandemic. Countries making significant investments in innovative and effective social protection systems and basic services have suffered the least and recovered the fastest.

COVID-19 has also impacted the mental health of children and their families. Much of the adversity caused by the pandemic stems from the loss of social connections because of physical distancing and disruption of normal activity such as face-to-face schooling; loss of income due to reduced work hours or unemployment; bereavement and general fear of contracting the virus. Consequently, these factors are triggering mental health conditions or exacerbating existing ones. Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety, thus increasing their



vulnerability to SARS-CoV-2 infection, with increased risks of severe outcomes and even death. Countries will need to work assiduously on increasing education to remove the stigma associated with mental health, while offering support in new and innovative ways, often virtual, to ensure ready accessibility of confidential services population-wide.

With emphasis on online and blended education, school closures, because of COVID-19, is expected to decline and dropouts are expected to increase, especially among the most disadvantaged children in preschool, primary and secondary schools. Learning inequality is also expected to increase with only students from wealthier and more educated families being able to access online educational delivery and support. The lack of encouragement for marginal students also increases drop out risk and reduces the attachment to schooling.

### **4.3 Economic Recovery and Sustainable Livelihoods**

COVID-19 is affecting already weak economies and vulnerable livelihoods through containment measures put in place and the complex differential secondary impacts across businesses, value chains and communities. The occurrence of other natural disasters such as droughts and hurricanes have also exacerbated impacts on certain livelihoods groups. Businesses, value chains (including their formal and informal actors) and community groups at the core of the economy are vulnerable to the pandemic. Different types of businesses and sectors including small and medium-sized enterprises (SMEs), farmers, the self-employed, daily wage earners, refugees, and migrant workers are among the hardest hit. The impact of COVID-19 on businesses and farmers/fisherfolk depends on the support available to them. Different types of investments, (other than social protection) are needed to create an enabling environment for businesses to thrive during / post-COVID-19 and reboot the economy.

### **4.4 Development Partnership and Financing**

Building long term resilience and sustainable recovery (building back better) will need to include promoting universal access to basic services, reducing inequalities, and improving access to employment opportunities. Considering the significant loss of revenues, (due to disrupted tourist flows), and the large stimulus packages that countries have invested, there will be a need to tap into development finance to expand social protection programmes and sustain government financial support to key sectors. These include those that provide employment to youth and women, that are significantly affected, such as Small and Medium sized enterprises, agro-based household businesses, and other cottage industries. In addition, it is also projected that governments will need balance of payment support and in some cases budgetary support to be able to sustain the delivery of public services. The Caribbean continues to face difficulty in accessing concessional financing and overseas development assistance due to its high per capita income, notwithstanding high levels of economic and climatic vulnerabilities. For these reasons, the UN Development System, under this expanded MRP, will intensify its technical and advocacy support to build and enhance partnerships with International Financial Institutions and the Private Sector. This crisis will require massive financial and technical resources to address the ongoing socio-economic consequences. Long-term and innovative joint programming assistance needs to be developed and financed to strengthen country and sub-regional systems, enhance socioeconomic buffers, and assist governments to build resilience against future crises. This will involve the provision of a comprehensive suite of technical assistance and support to strengthen economic and fiscal policy, while increasing access to innovative financing opportunities.

The UN system, in close partnership and with leadership of governments, will support convening of International Financial Institutions to take account of fiscal needs linked to the priorities outlined in this MRP. Steps will be taken to identify entry points for mobilization of domestic and international public and private financing to support these needs. Through this effort, the UN system intends to make available to government, its technical and implementation capacities to address both medium and longer-term recovery priorities.

# 5. Cross-cutting Priorities

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## 5.1 Information and Communication Technology (ICT)

To build on increasing trends in the digital economy to drive innovation for building back better, Information and Communication Technologies (ICTs) will play a significant role in the UNST's recovery and resiliency efforts supported through the MRP 2.0. Real time monitoring (RTM) technologies will be utilized to bridge critical data needs by government agencies and other stakeholders, for supporting critical decision-making. The expanded MRP will see an increased use of different communication networks, including mobile and the Internet, to enhance capacity and reduce vulnerability of people affected by the pandemic. UN Agencies will work with governments and other partners, to support access and delivery of social and health services. Agencies providing services to beneficiaries will collaborate with ITU's Smart Village/Island Initiatives, to leverage the deployment of ICTs to improve access to online education and the delivery of other services.

## 5.2 Protection of Human Rights of most vulnerable

With COVID-19, a global health crisis has collided with existent political, social, and economic crises around the world. Gaps in human rights protection are arising as a consequence. Respect for human rights across the spectrum, including economic, social, cultural, and civil and political rights, will be fundamental to the success of the public health response and recovery from the pandemic. Following the Leave No One Behind (**LNOB**) principle, response efforts will need to take particular care to identify people who may be at risk of being excluded or falling through the cracks, such as national, ethnic or religious minorities, indigenous peoples, migrants, displaced persons and refugees, older persons, persons with disabilities, women, LGBTQI people, children, or people affected by extreme poverty. Relevant **information on the COVID-19 pandemic and response** should reach all people, without exception. This requires making information available in readily understandable formats and languages and adapting information for people with specific needs, including the visually and hearing-impaired, those with limited or inability to read or with no internet access.

The **right to education needs to be protected** in instances of school closures, for example, and where possible, through online accessible and adapted learning and television, media, and radio broadcasts. Stay-at-home orders and lockdowns are also damaging children's physical and mental health. Social and child protection schemes should recognize the heightened vulnerabilities children face based on their early stage of physical, intellectual, and emotional development. Limited educational opportunities for those without access to the internet and other remote learning tools, risks deepening inequalities and poverty. Girls and boys may also lose access to nutritious food and other services schools often provide, such as mental health and sexual and reproductive health education.

The COVID-19 crisis is exacerbating **food insecurity**, as limitations on freedom of movement and scarcity of protective gear affect agricultural workers, many of whom are migrants in some contexts. Measures to ensure the mobility and safe working conditions of agriculture workers should be put in place urgently to secure food production. Targeted approaches should also be implemented, including financial support and access to credit, markets, and agricultural inputs, such as seeds, for small-scale farmers, especially women. Urgent steps are needed to address food insecurity for the poorest and most vulnerable segments of the population.

**Youth and children** are among the most vulnerable. While children seem to have fewer symptoms and lower mortality rates from COVID-19, substantial child protection risks have emerged daily as a result of the measures taken to prevent and contain the virus. States should pay increased attention to child protection needs and children's rights when devising and implementing their pandemic response and recovery plans. The best interests of children should be a primary consideration, and central to the response.



Support services and shelters for children at risk need to be continued as a priority. Millions of children face poverty as family members become ill or are unable to work. Youth, and especially young women, are more likely to be employed in the informal economy and often have low-paid, less secure, and less protected jobs. States should ensure that efforts to mitigate and address the impacts of the pandemic include provisions that are responsive to young people's specific situations and uphold their rights, including through decent work and social protection.

**Persons with disabilities** are at a much higher risk from COVID-19, and State responses need to include targeted measures to address them. Crisis response measures and health and social protection interventions must be accessible for all and should not discriminate against persons with disabilities. States should put in place additional measures to guarantee the continuity of support networks for persons with disabilities throughout the crisis. When restrictions on movement impede existing family, care, and social support networks, they should be replaced by other services. **Older persons** have the same rights as any other age group, and they should be protected equally during the pandemic. Special attention should be paid to the risks faced by older persons, including isolation and neglect, resulting from physical distancing and age-based discrimination in access to medical treatment and other support.

**Gender effective responses** to COVID-19 must fully consider and address the specific situations, perspectives and needs of women, girls and LGBTQI people, ensuring that any measures taken do not directly or indirectly discriminate based on gender. Women and girls are likely to face increased care-giving roles in the home, putting them under additional stress and potentially increasing their risk of infection. Across the globe, women comprise 70% of health workers, increasing their risk of exposure and infection. In many countries, women face disproportionate risks in the job sectors, where many work in the informal sector (e.g. domestic workers, nannies, agriculture or supporting family businesses), and may be the first to lose their jobs or suffer from the consequences of the crisis in the absence of social security, health insurance, or paid leave. Many women are also dependent on accessibility and affordability of childcare, which is now decreasing, further restricting their ability to work and earn an income. Restrictive public health measures, including stay-at-home orders or lockdowns, are increasing exposure to gender-based violence, particularly intimate-partner violence, and domestic violence.

**Indigenous people** are also vulnerable to COVID-19 impacts. States should consider Indigenous peoples' distinctive concepts of health, including their traditional medicine. They should consult and consider the prior and informed consent of indigenous peoples in the development of preventive measures on COVID-19.

Measures for control over the entry of any person in indigenous territories must be put into place, in consultation and cooperation with the indigenous peoples concerned, through their representative institutions.

The occupational health and safety of those working during this crisis, particularly health workers and support staff, the majority of who are women, should be assessed and addressed. Health workers and others working in at-risk environments should be provided with quality personal protective equipment as needed.

### **5.3 Logistics**

The pandemic has exposed the vulnerability of the regional logistics supply chain systems. COVID-19 has caused a reduction or downturn of air and sea assets as commercial activities decreased with less options for movement of goods and people in an emergency. During COVID-19, this has implications to meet increased needs of health and other supplies to curb the spread of the virus. There will also be a need for additional warehousing capacity and related systems in place to manage the increased inflows of PPEs and in the context of any other emergency. To support national and regional strategies, the MRP 2.0 will use a regional platform to track the planning, storage, and distribution of the volume of incoming, health and other essential commodities required. The UN system, through the MRP 2.0, will partner with CDEMA, CARPHA, and other relevant humanitarian actors to strengthen regional supply chain management and logistics coordination capacity, through customized, hands-on, technical assistance and support. Complementary preparedness actions, including the preposition of key logistics assets, facilitates a rapid response in a crisis.

# 6. Key Results (by Outcome/Pillar)

## Pillar 1 - Health Systems and Standards

**Outcome 1: To increase the health sector's capacity to reduce the spread of COVID-19 regionally by December 31, 2021**

UN partners are committed to supporting countries in elaborating strategic **risk communication and behavior change** strategies and developing contextualized risk communication, community and youth engagement approaches and delivering tailored information, education, and communication (IEC) materials in order to facilitate protection and acceptance of a vaccine. Media campaigns and other strategic communications on COVID-19 will be developed and broadcasted to address mental health, psychosocial support, and other health-related conditions, while promoting access to services such as immunization, disease prevention and control. Communication campaigns and activities will also be developed to engage young people to increase their access to sexual and reproductive health (SRH) services, including access to family planning, information, and education.

UN assistance will also be focused on **access and protection of health services** and systems with a set of core essential services to be maintained during the COVID-19 pandemic. This will be facilitated by developing strategies to identify uptake of essential services (to be maintained and/or increased), including immunization, NCDs, psychosocial support, maternal and child health. **Health emergency, risk management and surveillance capacity** will also be strengthened, via interventions (digital platforms, risk assessment, technical assistance), to support the delivery of essential health services and to assess, prepare and manage risk and respond to public health emergencies. The capacity of health care workers and systems (**capacity building**) will also be strengthened, via enhanced protocols and trainings for community health workers, to support service delivery. Development of resilient health systems will be achieved by the procurement and delivery of medical equipment and materials, and eventual vaccine (contingency for second wave / supply chain disruptions- if required). It is also critically important to have the requisite human resources in place, with staff fully trained, to support the introduction of COVID-19 vaccines, as well as to ensure that routine vaccination programs continue to be provided.

Related to **essential commodities supplies**, such as COVID-19 vaccines, the UN partners are supporting to design national vaccination plans along with communication strategies to build trust about vaccination, to empower health care workers by preparing them for vaccination and to address general concerns on immunization. UN partners' support includes advocacy and assistance to countries for access and distribution of the vaccines and strengthening regulatory authorities to ensure that the future vaccines are quality assured, safe, and effective.

With better access to essential health services (including mental, sexual and reproductive health) and strengthened capacity of the health system to provide such services (including access to the COVID19- vaccine), Caribbean countries are better equipped to diagnose and provide care. They are also better able to prevent or prepare for future public health impacts and to develop localized response (with differential approach) to support vulnerable populations.



Capacity building support to countries, including on-line training has been a key aspect of the response during the COVID19 pandemic and will continue to be a critical at the stage of the vaccine rollout. In this regard, assistance will be provided to support countries in analyzing their capacity to effectively receive, store and distribute COVID-19 vaccines, given the current cold chain and logistical challenges to transport vaccines to multiple sites, while assuring that vaccine temperatures are maintained. It is proposed to extend support, if required, to estimate cold chain equipment (coolers, refrigerators, vehicles, generators), as well as the countries' capacities to safely collect and dispose of contaminated medical injection equipment and personal protective equipment (PPE), hiring additional health personnel to support vaccine rollout, monitoring coverage and quality and implementing risk communication activities, among others.

On the latter, goals for communications to support the introduction of COVID-19 vaccines, include successfully planning and implementing risk and crisis communication around the introduction in the Caribbean region; and promoting community engagement to increase acceptability of COVID-19 vaccines, while maintaining credibility and trust in national routine immunization programs. To summarize, populations should be informed about COVID-19 vaccines, including prioritization processes to determine who receives vaccines in initial phases; efforts should be made to build trust and created demand for vaccinations and for infodemic management and risk communications planning.

## Pillar 2 - Social Protection and Basic Services

**Outcome 2: To increase regional access to more comprehensive, integrated and shock responsive social protection and access to essential services to the most vulnerable by 31 December 2021.**

To ensure better access and improve efficiency and effectiveness of **social protection systems**, including in times of crisis, the UN agencies will continue to provide support to reform countries' social protection systems (e.g. A&B, SLU, SVG, BVI, Barbados) and/develop new social protection policies to bring more coherence, including common and shared vision, coordination and financing mechanisms. In addition, UN partners will support countries to develop core administrative tools such as registries and management information systems to improve key business processes of social protection programs (identification of beneficiaries, enrolment, etc.) and allow quick respond following a shock. Support will be provided to make social protection systems and programs more adaptive/shock responsive to better respond to the needs of the most vulnerable, prior to and/or after a disaster.

UN partners' activities will support access to continuous **education and learning**, focused on children's access to distance/home-based learning and formal/ in-formal education. Support will also be provided to school principals and teachers via trainings and tools, including online platforms, television/radio, and other teaching-learning methods. In addition, efforts will be made to accommodate children who missed online/distance education during school closures through make-up classes. Methodologies/strategies will be developed to facilitate access to connectivity, learning devices and platforms for blended learning approaches and to support marginalized children with no access to online/distance education. To mitigate the impacts of COVID-19, training will be developed for teachers to support the delivery of mental health and **psychosocial services** to children on the resumption of school. Strategies to support feeding programmes, safe return to schools and critical hygiene and personal care items for COVID-19 prevention will be delivered.

To strengthen access to **basic/essential protection and targeted interventions for children, women and vulnerable populations**, UN partners will facilitate community-based programmes and risk mitigation interventions to prevent and address violence, abuse and exploitation, **including GBV and Protection against sexual exploitation and abuse (PSEA)**. Programmes will also support emergency assistance and referral systems for children at-risk and facilitate small grants, rent support, cash stipends/support to households/workers/affected populations. Capacity building for key stakeholders and governments, to enhance social protection programmes, and **tailored BCC/IEC** for beneficiaries, care givers and providers are also being considered. Critical support will be provided to facilitate assessments on safety and security in a crisis response like COVID-19; implementation of actions to reduce and prevent crime and campaigns designed to enhance prevention and empower vulnerable groups for safety. To proactively address the increasing anxieties and tensions related to the socioeconomic impact on livelihoods, especially in vulnerable communities, UN partners will support government and local stakeholders to conduct rapid community safety assessments and develop **Evidence Based Interventions (EBIs) for promoting cohesion and inclusion**. This will result in the generation of factsheets on COVID- 19 impact within select communities.

These activities aim to reach some of the most vulnerable groups to the ongoing crisis, while impacting households and the wider economy. Under that consideration, differential approaches are essential to create safety nets in keeping with the LNOB principle. By promoting social protection and basic services, UN partners help tackle underlying issues of poverty and inequality that persist across the region, contribute to more sustainable economic growth, promote gender empowerment and ensure better preparedness for the next crisis, including those related to climate change.



## Pillar 3- Economic Recovery and Sustainable Livelihoods

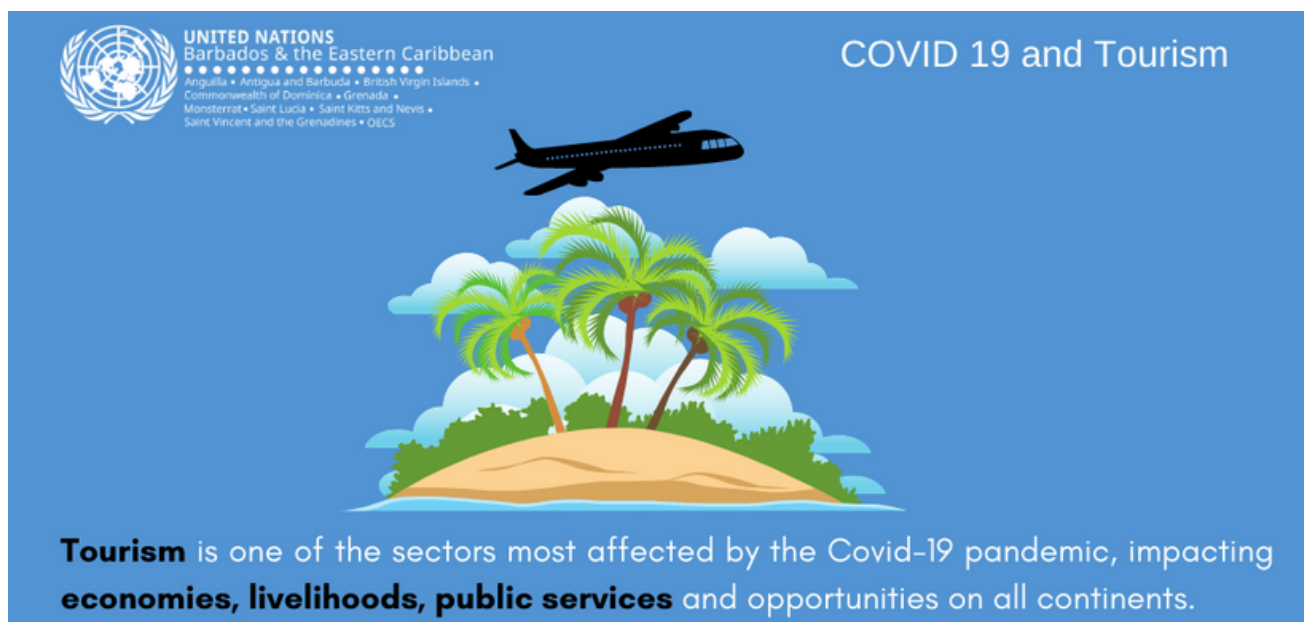
**Outcome 3: To minimize the social and economic impact and promote resiliency among key affected sectors in the region by December 31, 2021.**

Caribbean countries suffered primarily from the consequences of the health crisis occurring elsewhere in the world and its effects on global trade, tourism, global transportations, etc. Coupled with the region's high indebtedness, economic fragility, social vulnerability and exposure to climatic shocks, socioeconomic vulnerabilities have worsened exponentially.

UN Joint efforts will build capacities of public institutions to manage risks and undertake competitive market assessments, foster innovative data capture, access tools along the value chain and develop resilient and sustainable business models to attract targeted investment (most related to agricultural sector). Partners will also facilitate strategies for **investment to MSMEs (including female farmers)** for recovery through grant support, and provide training and technical guidance including transition to online services and the use of digital services for economic recovery and business transformation. Expansion of Blue Economy related strategies are an opportunity for recovery, economic diversification and job creation in Barbados and the Eastern Caribbean.

UN partners will support sustainable development of **resilient value chains**. Activities include support to the establishment of **innovative data capture and access tools** along the value chain to enhance evidence-based decision-making and risk management. Efforts will also support the strengthening of public sector capacities to undertake risk-sensitive Rapid Value Chain Assessments, the upgrading of value chain strategies; and capacity building of public institutions to develop resilient and sustainable business models to attract targeted investment in priority agricultural sectors or products.

**Food security and livelihoods** of vulnerable populations will be supported via assessments and technical support to identify main (socioeconomic, food security and livelihoods) needs and facilitate decision making, along with technical assistance on the design/establishment/strengthening of programmes, plans and actions for early recovery of livelihoods and economic recovery and food security. Socioeconomic recovery will be promoted by the provision of technical support for socioeconomic assessments and technical support to implementation of policy recommendations. Disaster and climate risk governance mechanisms will be strengthened by incorporating lessons learned from COVID-19 impacts and integrating systemic multiple hazard risks to different sectors.



**Policy support will be prioritized to the tourism sector** given its significance to restarting economic activity within ECCs. With gender equality and empowerment of women at its core, UN partners will seek to contribute to evidence-based decision-making and diversification in the tourism sector, thereby boosting recovery and facilitating a digitally enabled transformation of the business processes and value chains of MSMEs. Substantively through achievement of these outputs, job creation, economic diversification, gender equality and resilient recovery within the countries will be enhanced. Emphasis will be placed on supporting government's capacity to manage the crisis and mitigate the socio-economic impacts on livelihoods, particularly on women's employment and economic security. These outputs will also help to boost competitiveness and build resilience; advance innovation and the digitalization of the tourism ecosystem; foster sustainability and inclusive green growth and build partnerships to transform tourism and achieve the SDGs.

#### **Pillar 4- Development Partnerships and Financing**

**Outcome 4: To expand strategic partnerships for improving accesses to development financing by December 31, 2021.**

Financing the response and recovery from COVID-19 will be substantial and place enormous strains on Caribbean Small Island Developing States including through direct health related costs associated with fighting the pandemic and the introduction of economic stimulus packages as well as indirect economic costs borne by social distancing and lockdown measures. The later, has dislocated markets leading to a reversal in economic growth across the region and widespread social distress, particularly for the most vulnerable. Most countries in the Caribbean have been forced to live substantially beyond their means, reversing the past good progress made on countries debt solvency positions and calling again into question issues of sustainability.

Building on and developing new strategic partnerships will be vital to this sub-region's ability to address and finance a successful recovery from this pandemic and building back better to meet the 2030 Agenda and the SDGs. No single measure will be sufficient, with partnerships and actions plans nuanced to country situations and requirements. Non-traditional Donors (NTDs), and IFIs, will need to be engaged in this response to support and add to the interventions as well as finance the needs of the sub-region.

With some countries in the Caribbean facing further outbreaks of COVID transmission, the high ambition of this response aims to support countries in overcoming the cumulative challenges faced by this sub-region.

Specifically:

- Advancing and accelerating existing joint advocacy on urgent macroeconomic measures, as well as longer term development risks, particularly for those who are in risk of, or in debt distress.
- Strengthening effective programme design and delivery.
- Strengthening the existing tri-partite arrangement between the UN, Multilateral Development Banks, and the Private Sector to support governments across the sub-region bolster their analytical and operational capacities and capabilities.
- Extending the coverage of existing and develop new integrated national financing frameworks to enhance regulatory efficiency, reduce costs to the private sector and encourage the development of new financially viable investment projects to increase productivity and prosperity across the sub-region.
- With IFIs and the private sector, enhance our existing support to develop new financing platforms as well as instruments that include those which reduce the risk to investors.

- Together with the UN Global Compact, develop a sub-regional chapter that builds a coalition of private sector enterprise to help explore and find practical solutions that unlock obstacles to business and cost-effectively improve business practices.
- Building on existing analysis and mapping exercises, support national Government to develop recovery plans and national partnership financing strategies tailored to their specific socio- economic needs and financing gaps.
- Extend, enhance, and coordinate logistics and procurement systems to better enable the sub- region to source at scale, to time and to global standards, goods and services which facilitate the sub-region's swift recovery from this pandemic.
- Consolidating information to develop both a community of practice and register of pre-pipeline investments which reduce the information costs on investors that attracts greater finance to this region.
- With multilateral and regional IFIs develop and advocate for the introduction of new methods to evaluate and measure small states' vulnerability to support greater access to concessional finance for this sub-region.

Utilizing the potential of the UN Reform process of the last 2 years, the UN family is already undertaking a series of joint initiatives across the sub-region to build economic prosperity, social cohesion and environmental resilience by reorganizing and repurposing existing funds, coordinating programme interventions across the UN and accessing new sources of joint funding to attract and leverage new resources to this sub-region.

Specifically, to promote transformational growth in the sub-region, the UN, together with the IFIs and private investors will develop new initiatives to enhance the enabling environment and financial landscape to develop the Caribbean Blue Economy. Similarly, new social protection, human security, and gender-based violence initiatives are being rollout out in the region working collaboratively across and beyond the UN family. On community resilience, UNICEF with the private sector will shortly be launching the Business and Community Resilience (BCR) to build resilience of local communities, particularly for vulnerable groups.

On environmental matters, the Partnership for Action on Green Economy (PAGE) supports the Green Economy Recovery, by transforming economic policies and development planning into drivers of sustainability. This together with the climate resilience fund and the development of debt-swap initiatives are further recent examples of how the UN is forging new partnerships for sustainable development in the sub-region.

Building on these interventions through this extended MRP, the UN family will promote strategic alliances with key actors to enhance regional and sub-regional policy support and leverage comparative advantage among its partners, to enhance sustainable impact for the region.

# 7. Partnerships and Resource Mobilisation

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COVID-19 represents the most severe global shock in decades. While Eastern Caribbean States have been managing the COVID-19 incidences comparatively well, the secondary effects of the pandemic have been substantially impacting these countries. Its effects on global travel, supply chains and investment will have multiplicative impacts on the social and economic future of the region and the SIDS within the Eastern Caribbean. The pandemic strikingly illustrates the intersection of politics, economics, and other considerations in an interdependent global economy.

The combined impact of the pandemic has the potential to significantly erode regional gains made within the past decade and jeopardize progress towards the 2030 Agenda. As regional governments try to be proactive, as they collectively grapple with the socio-economic shocks exacerbated by COVID-19, including increasing job losses, GBV and reduced security, reduced productivity and livelihoods, this will place increasing pressure to raise revenues to both stabilize and build resilience in the future.

Unless we take immediate action, we risk a regional recession with long term impacts. The UNST Barbados and the Eastern Caribbean in the framework of this plan, will support Eastern Caribbean SIDS in three ways:

1. High-level advocacy in support of Eastern Caribbean SIDS access to development financing to meet economic recovery needs due to impact of COVID-19.
2. Facilitate building of a tripartite partnership between governments, international financial institutions, and the private sector to link recovery priorities with financing opportunities.
3. Mobilise additional financing needs for specific national priorities implemented by UN and government under this framework.

Consistent with the three strategic lines of action identified above, over the next 12 months, the UN in the Eastern Caribbean will pursue the following broad measures:

- **Advocacy for SIDS access to Development Financing**

The UN system will continue to call attention to the need for improved access to concessional financing for SIDS. The UN will produce analytical briefs of the fiscal impact of the crisis on Eastern Caribbean countries and use these as the basis for convening development partners and governments to identify ways to improve access to domestic and international public and private financing to support the economic recovery needs. The UN will advocate for debt moratorium and development of new financing instruments to mobilise new sources of financing for the tourism sector, SMEs, and other affected economic sectors.

Further, in partnership with the Caribbean Development Bank, the UN in Barbados and Eastern Caribbean will continue to develop a Multidimensional Vulnerability Index that will help Caribbean countries to highlight the development needs due to structural vulnerabilities and susceptibility to multiple forms of exogenous shocks.

- **Building a Tripartite financing for development partnership with IFIs and Private Sector**

Over the next 12 months the UN system in partnership, with governments will convene a series of high-level engagements with the International Financial Institutions and Private Sector to explore how local financing needs, based on COVID-19 recovery priorities, can be met. The UN development system will leverage its convening and technical capacities to support countries in developing a portfolio of projects that can be readily financed by IFIs and the Private Sector.

- **Funding needs for National Priorities to be jointly implemented by government and UN Agencies**

The priorities identified under this UN framework are based on the needs identified by countries for which the UN is either currently implementing initiatives or will be implementing new actions to support countries in managing the medium-term socio-economic impact of COVID-19. In this context, the UN system will work with governments to approach development partners to close the financing gaps of approximately US \$ 30 million.



FIGURE 6.0 MRP 2.0 FUNDING GAP

## 8. Program Monitoring and Reporting

A robust quarterly review process will be instituted to monitor the implementation of the MRP 2.0. The review process will be led by the RCO with technical support from UNDP. This process will enable a strategic review of total resource mobilization, the rate of implementation of activities, achievements against targets, cost, and challenges. Specific lessons learned and insights gained will be captured and actions and timelines for follow up by agencies will also be documented. The RCO will devise a simple M&E tool to coordinate indicator reporting across the agencies. This will be utilized to coordinate the UNST reporting in the online data platform. Reporting will be on a quarterly basis to HQ and is expected to last until the end of 2021. Quarterly reports from participating agencies are expected to be submitted to the RCO by the seventh day of the new reporting period. Please see below additional details on the report frequency below.

### Reporting Frequency

QUARTER	REPORTING PERIOD	SUBMISSION DATES	
		UN RCO	ONLINE PLATFORM
QTR 1	January - March	Wednesday, April 7, 2021	April 14, 2021
QTR 2	April - June	Monday, July 7, 2021	July 14, 2021
QTR 3	July - September	Thursday, October, July 7,	October 14, 2021
QTR 4	October - December	Friday January 7, 2021	January 14, 2022

Table 1.0

The COVID committee will function as the main mechanism for supporting routine programme coordination and monitoring around the implementation of the key activities outlined in the MRP 2.0. Monthly meetings will be convened to allow UN agencies to provide updates and to identify bottlenecks in programme implementation, while focusing on resolving problems (including those that require action at the senior management level) and optimizing resource mobilization and allocation. The meetings will also entail technical discussions on what is working well and could be built upon for further success. The RCO will also convene technical meetings with HOAs and partners to share information on the MRP 2.0 progress, and to discuss implementation issues.

# 9. Governance Arrangements and Programme Oversight Arrangements

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The expanded Multisectoral Response Plan (MPR) for the COVID 19 is governed and coordinated under the leadership and oversight of the UN Resident Coordinator. The **United Nations Sub-Regional Team (UNST)** for Barbados and the Eastern Caribbean will provide strategic guidance, fiduciary and management oversight for the implementation of the expanded Multisectoral Response Plan (MPR) for the COVID 19 Pandemic. The UNST is chaired by the UN Resident Coordinator (RC) and comprises the UN Heads of Agencies, Funds and Programmes.

The UNST will be supported by the **COVID-19 Committee**, which will conduct joint planning and provide strategic technical oversight for the effective implementation of the MRP. The COVID-19 Committee is co- chaired by the Pan-American Health Organization (PAHO) and the UN Resident Coordinator Office.

UN Agencies will provide oversight to the four pillars, as follows:

Pillar	Leader
1 - Health Systems and Standards	PAHO
2 - Social Protection and Basic Services	UNICEF (WFP co-lead)
3 - Economic Recovery and Sustainable Livelihoods	FAO
4 - Development Partnerships and Financing	UNDP

# 10. Annexes:

## Annex 1: Results Framework MRP 2.0

### SERP GOAL: TO STIMULATE MEDIUM-TERM SOCIO-ECONOMIC RECOVERY FROM THE IMPACT OF COVID-19 IN THE EASTERN CARIBBEAN

Outputs	Output Indicators	Targets Disaggregated (by Country)	Means of Verification	Implementing Agencies
<b>SERP Outcome 1: To increase capacity to maintain health coverage and access during the COVID 19 pandemic regionally by December 31, 2021</b>				
	<b>Global Indicators:</b>			
	1.1 Number of people accessing essential (non-COVID-19 related) health services	<b>TBD</b>	Program Records	PAHO/UNICEF
	1.2 Number of health facilities that received UN support to maintain essential immunization services since COVID-19 disruptions	<b>10 Countries</b>	Country Activity Reports	PAHO
	1.3 Number of countries that received UN assistance in protecting health services and systems with a set of core essential services to be maintained during the COVID-19 pandemic	<b>10 Countries</b>	Country Activity Reports	PAHO/UNICEF
	1.4 Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions	<b>TBD</b>	Country Activity Reports	PAHO/UNICEF
	1.5 Number of countries receiving supply chain, coordination or service delivery support	<b>4 Countries</b>	Country Activity Reports	WFP
<b>SERP Outcome 2: To increase access to more comprehensive, integrated and shock responsive social protection and other services to the most vulnerable regionally by 31 December1, 2021</b>				
	<b>Global Indicators:</b>			
	2.1 Number of primary school children receiving meals or alternatives to meals, such as take-home rations	<b>TBD</b>	Program Records	
	2.2 Number of countries that received UN assistance to implement measures to address gender-based violence (GBV) during the COVID-19 pandemic	<b>10 Countries</b>	Country Activity Reports	UNICEF/UNFPA/UNWOMEN
	5.1 Number of organizations benefiting from institutional capacity building so that governments, employers' and workers' organizations can work together to shape socio-economic policy responses	<b>TBD</b>		
	5.2 Number of community-based organizations capacitated to respond to and mitigate the pandemic, fight against COVID-19 related domestic violence, racism, xenophobia, stigma, and other forms of discrimination, prevent and remedy human rights abuses	<b>15</b>	Country Activity Reports	UNWOMEN
<b>SERP Outcome 3: To minimize the social and economic impact and promote resiliency among key affected sectors regionally by December 31, 2021</b>				
	<b>Global Indicators:</b>			
	3.1 Number of countries that received UN support/assistance to develop/refine UN supported employment policies and a regulatory environment conducive to economic recovery and decent work.	<b>TBD</b>	Country Activity Reports	UNDP
		<b>102 Private Sector Companies</b>	Country Activity Reports	UNDP



Outputs	Output Indicators	Targets Disaggregated (by Country)	Means of Verification	Implementing Agencies
	3.2 Number of private sector companies and formal and informal sector workers supported during and after the COVID-19 pandemic.	<b>50 Informal Sector Employees</b>	Country Activity Reports	UNDP
	3.3 Number of countries that received UN support/assistance in adopting fiscal, monetary, and legislative stimulus packages for COVID- 19 economic response and recovery.	<b>10 Countries</b>	Country Activity Reports	UNDP
	3.4 Number of direct beneficiaries of food supply protection regimes that are designed to improve protective measures or protect livelihoods	<b>2,928</b>	Program Records	FAO
	4.1 Number of countries provided with UN support to undertake socio-economic impact assessments & behavioural change assessments in response to the COVID-19 crisis, with a focus on vulnerable groups, directed at-risk populations.	<b>8 Countries</b>	Country Activity Reports	UNDP/WFP/FAO
	4.2 Number of countries provided with UN support/ assistance in implementing policies informed by socio-economic impact assessment & behavioural change assessments.	<b>8 Countries</b>	Country Activity Reports	UNDP/WFP/FAO/UNICEF
	5.1 Number of organizations benefiting from institutional capacity building so that governments, employers' and workers' organizations can work together to shape socio-economic policy responses.	<b>TBD</b>	Country Activity Reports	
<b>SERP Outcome 4: To expand strategic partnerships for improving accesses to development financing by December 31, 2021</b>				
	<b>Global Indicators:</b>			
	3.3 Number of countries that received UN support/assistance in adopting fiscal, monetary, and legislative stimulus packages for COVID- 19 economic response and recovery.	<b>10 Countries</b>	Country Activity Reports	UNDP
	5.1 Number of regional organizations or agencies benefiting from institutional capacity building to shape regional policy responses	<b>5 Organizations</b>	Country Activity Reports	

## Annex 2: Summary of MRP Achievements in 2020 (MRP 1.0)

### Health and Wellness

Under the MRP 1.0, the UN has been a key actor for prevention and response to the COVID-19 emergency, providing countries access to medical equipment and tools while facilitating virtual trainings, to improve health access and services. PAHO has provided PPEs, computers, medical equipment and supplies to Barbados and ECCs; strengthened capacities in all countries for the laboratory diagnosis of COVID-19 through the provision of resources and training; conducted training and provided communicational materials including a “COVID-19 Risk Communication Package for Health Care Facilitates Toolkit” to Ministries of Health; delivered webinars to health workers on mental health needs for community leaders, teachers, and hotline workers and also produced communications materials, including public service announcements (PSAs) on public health preventive measures during the COVID-19 pandemic.

Other examples to highlight: Over 1,400 people participated in a virtual dialogue held with young people from the Caribbean Region to explore what it will take to adjust to the COVID-19 imposed way of living, and how to cope with the pandemic-related isolation in a positive way. The inputs received served as a framework for PAHO engagement with young people. The Minister of Education of Barbados and other youth leaders from the region participated in this Dialogue. Furthermore, Virtual IPC Trainings were conducted for 400 Health Care Workers (HCWs) in Grenada, St. Kitts and Nevis, and Saint Lucia and for additional 52 workers in Grenada’s tourism sector, catering to returning residents quarantined at hotel facilities. In preparation for the re-opening of the country and the tourism sector, IPC training was also conducted for over 300 hospitality personnel (taxi drivers, tour operators, hotel managers etc.) in Saint Lucia.

A total of 65 HCWs in Antigua and Barbuda and 106 in St. Kitts and Nevis attended webinars on the management flow for HCWs exposed to COVID-19. All 6 OECS countries received training on RT-PCR testing. PAHO/WHO facilitated all training with logistical support from the country office.

In preparation for the phased reopening of schools, videos and posters focused on personal protective measures, such as the use of masks and handwashing, were produced for children and adolescents, in collaboration with UNICEF. Materials were disseminated to all countries through electronic means. An estimated 26,500 children were reached through the distribution of physical posters in Anguilla, Barbados, Montserrat, Saint Lucia, St Kitts & Nevis and Saint Vincent and the Grenadines. UNICEF also reached over 500,000 people across the sub-region with critical hygiene and protection messages through social media, broadcast, and other channels.

UN partners have also played an important role in communications and have strengthened local capacities for the health and wellness response. UNICEF, in collaboration with PAHO, supported the development and launch of radio programmes in all 12 countries, which ran over a six-week period. These programmes provided information on COVID-19 and managing its impacts, as well as targeted messaging for key stakeholders and at-risk groups, including children, parents/care givers, based on community risk perceptions. Seventy-two (72) programmes were aired in total, reaching approximately 140, 000 persons per week. UNICEF also supported leaders and para leaders from faith-based organizations (FBOs) from different denominations, across five Eastern Caribbean countries (Barbados, Antigua and Barbuda, Grenada, St. Kitts and Nevis, and Saint Vincent and the Grenadines), through virtual webinars on child protection during COVID-19. To date approximately 400 persons participated in the weekly webinars.

UNDP provided critical procurement and logistics services. Through this process, PPE, medical supplies, and equipment, including ventilators and masks, were procured for countries including Antigua and Barbuda, Saint Lucia, Grenada, Dominica and Saint Vincent and the Grenadines, through collaboration with the Ministries of Health, donors and other development partners.

In collaboration with the Planned Parenthood Affiliations in Barbados and the Eastern Caribbean, UNFPA supported over 760 persons in Barbados and 3,692 persons in Antigua and Barbuda, Dominica and Saint Lucia to receive sexual reproductive health services. This was provided via a telemedicine app for online and virtual sexual reproductive health (SRH) and family services, mental health and psychosocial support. With UNFPA's support, the clinics were able to provide delivery of services and contraceptives supplies to vulnerable communities and persons in villages and workplaces with over 516 persons benefiting directly. UNFPA also provided the Barbados Family Planning with PPE to ensure the continuity of SRH services. Additionally, UNFPA hosted a webinar session on menstrual health and hygiene management during COVID-19 for Barbados and the Eastern Caribbean and has been providing technical support to governments in analyzing the availability of reproductive health supplies, forecasting needs and anticipating shortages and/or possible stock-outs amidst the COVID-19 pandemic.

Other agencies have also provided support under their mandates: UNOPS supported the Government of Barbados in the acquisition of ventilators and ICU beds.

Collaboration and joint activities between UN agencies have also been crucial for health and wellness response. PAHO, UN Women and UNFPA developed a guide for basic shelters, in the context of COVID-19, in preparation for the 2020 Hurricane season. PAHO and UNICEF have also supported Ministries of Health to roll out risk communication and community engagement (RCCE) activities in all countries to spread awareness of the virus and promote hygiene activities (a total of 571,663 persons have been reached with messaging to date). UNICEF, in collaboration with PAHO and the OECS, is supporting the free provision of tele-mental health and psychosocial support to parents/caregivers, frontline workers and children, with parental consent. To date 94,865 parents/caregivers and 2,472 frontline workers have benefited from this support. ITU, in collaboration with UNICEF and the OECS, is working on a collective approach to send COVID-19 related Common Alert SMS or voice messages to populations in the OECS and Barbados. UNICEF and WFP respectively are supporting the procurement and delivery of PPE, as part of a global support mechanism in partnership with PAHO/WHO and the private sector. WFP and CDEMA are working on an Integrated Regional Logistics Hub in Barbados to service countries throughout the region. Finally, a Joint Procurement Task Force, established between PAHO, UNDP, UNICEF and UNOPS, has supported countries with the purchase of medical equipment and other immediate needs.

## **Food and Nutrition Security**

Caribbean countries suffered primarily from the secondary causes of the health pandemic. The socio-economic impact was greater than the health one (which adversely impacted food security and livelihoods, among other sectors). To better understand the impacts of COVID-19 on food security and livelihoods in the region, WFP implemented two rounds of a CARICOM-wide survey in coordination with FAO and CDEMA. The first regional rapid survey was implemented in April, shortly after the beginning of national lockdowns and other measures in the region to curb the spread of the virus, with a second survey in July to compare trends over time. The survey revealed widespread disruption to livelihoods, higher food prices and poor food consumption. Survey results from July, coupled with poverty data suggest that 2.9 million people are now estimated to be food insecure compared to 1.2 million in April. Job losses and reduced income were reported by 7 out of 10 respondents. A total of 22 countries and territories were surveyed, including Barbados and all the OECS countries, and regional and individual country reports from each round produced and disseminated with national counterparts to inform COVID-19 socio-economic response strategies.

From the early stages of the COVID-19 crisis, FAO worked closely with the CARICOM Secretariat and the OECS Commission in the preparation of National Agricultural Plans in response to COVID-19 and identifying resources (funds and partners) to support their implementation. Also, FAO is one of eleven agencies which established a virtual communication and information platform to coordinate their actions to better assist governments on agriculture and food systems. FAO also supported the CARICOM Secretariat (i) to upgrade its agribusiness website to facilitate intra-regional trade through connecting buyers and sellers across the region and (ii) in developing the CARICOM COVID-19 risk management framework for agriculture and the CARICOM Agri-Food Response Plan, which were both approved by the Heads of Government in May 2020.

FAO has reformulated ongoing regional projects to support countries' efforts to respond to the immediate and medium-term effects of the crisis. These actions are being informed by an Assessment of COVID-19 Impacts on Food Security, Agricultural Production and Livelihoods (covering 13 countries including Barbados and six OECS countries), which was launched jointly with the CARICOM Secretariat, and includes questions on recovery and resilience, building needs and hurricane/storm preparedness. FAO has also launched a number of regional projects and initiatives aimed at developing national and regional investment plans, to enable transformation of agricultural sectors and promote forward-looking recovery from the COVID-19 crisis.

### **Economic Recovery and Livelihoods**

UN partners have also provided support for the socioeconomic impact of COVID-19 in Caribbean countries. UNDP has provided virtual SURGE support in various countries, including Dominica and the British Virgin Islands, for data analysis and policy design for the implementation of national COVID-19 recommendations. Equally, UNDP is supporting governments in job creation and reactivation of local economies by providing cash grants to 33 Micro Small and Medium-sized Enterprises (MSMEs), in Barbados, the British Virgin Islands and Grenada, to support their economic recovery. In addition, farmers and fishers in Montserrat have been identified as beneficiaries through a focus on food security interventions including support to the procurement of grain and materials to build fish aggregating devices (FADS). Over 60 farmers, inclusive of women farmers, have benefited from the grant provision. Likewise, UNDP is working with government, private sector and CSOs on economic transformation through the development of digital e-commerce platforms. The UNDP Accelerator Lab launched the COVID-19 Island Hack Prototype Challenge for innovative proposals to address issues related to COVID-19. Ninety submissions were received, from within 8 Caribbean countries, in categories such as Tourism of Tomorrow, Virtual Healthcare and Protecting the Vulnerable, with mentorship provided and experimentation completed for all 36 shortlisted participants. Finally, five of the eight Socio-Economic Impact Assessments undertaken by UNDP, in collaboration with UNICEF and UN Women, have been officially published for the British Virgin Islands, Antigua and Barbuda, Barbados, Anguilla and Saint Lucia. These publications model several possible impacts on economic growth, poverty and government finances and identify and examine a range of relevant interventions and strategic recommendations needed to promote relief and resilience in the Caribbean. Further assessments in Dominica, Grenada and Saint Vincent and the Grenadines will be published soon.

UN Women has reoriented project funds for a Dominica women farmers seedbank to include a project to connect four women farmers groups to new outlets and marketing opportunities. This coincided with the closure of borders and on island markets and businesses which prevented access to export and local markets that the women would have previously supplied. UN Women also published an Action Brief on COVID-19 and Working Parents which focused on the unbalanced and unremunerated care work which is carried out mainly by women. The Brief highlighted ways to address this while facilitating parents' return to work. A policy paper *"COVID-19 AND IMPLICATIONS FOR INCLUSIVE ECONOMIC EMPOWERMENT IN CARICOM: POLICY AND PROGRAMME"* was also published.

In the area of information management, UNICEF supported data collection and research on the secondary impacts of COVID-19 on children and young people and disseminated a policy brief on the 'Socio-economic impact of COVID-19 on children and young people in the Eastern Caribbean Area. The brief details impact on education and psychosocial wellbeing, increasing unemployment and poverty, and suggests recommendations to reduce these impacts.

Other partners have also contributed to close the socio-economic impact of the COVID-19 emergency. To highlight: ECLAC has set up an observatory and is working with PAHO and CARICOM on a major study on the impact of COVID-19; The International Labour Organization launched "Resilient with Decent Work" Webinar Series for representatives from governments, employers' organizations, to discuss the economic and social impacts of COVID-19 and developed a 10-step tool for a safe and healthy return to work in times of COVID-19; finally ITU launched and shared with regional regulators a new platform to pool experiences and innovative policy and regulatory measures (REG4COVID).

## **Education**

UNICEF has supported Ministries of Education to provide remote learning to more than 90,000 students in Anguilla, Barbados, British Virgin Islands, Dominica, Montserrat, Saint Lucia, and Saint Vincent and the Grenadines, Trinidad and Tobago and Turks and Caicos Islands through distant learning with use of television, radio and online platforms. In addition, training was provided to 1,725 teachers for effective use of online platforms. Also, UNICEF ECA supported around 130 schools with provision of hygiene kits to the benefit of over 99,878 children in ECD centre, primary and secondary schools.

Likewise, UNICEF has disseminated Safe School Guidelines in all countries, which developed protocols for gradual safe re-opening of schools (apart from Turks and Caicos Islands). Through this support, schools were reopened for primary and selected senior secondary levels to prepare students for external exams. Initial reports indicate that 8,532 students have been able to attend schools and complete examinations. UNICEF has also provided learning devices (tablets) to 812 extremely vulnerable children to access online education (43 in Anguilla, 120 in Barbados, 100 in Dominica, 50 in Tobago, 200 in Turks and Caicos Islands and 51 in the British Virgin Islands, 60 in St. Vincent and the Grenadines, 176 in Saint Lucia and 12 in Montserrat). ITU, in collaboration with UNICEF and OECS, started the GIGA project which will bring the power of meaningful connectivity to enable access to online educational resources.

In terms of resource mobilization, UNICEF mobilized US \$ 500,000 from USAID in support of RCCE, IPC hygiene supplies, as well as evidence generation. Also, UNICEF in collaboration with Global Partnership for Education is supporting country plans for continuing education in Grenada, Dominica, Saint Lucia, and Saint Vincent and the Grenadines; with US\$280,000 contribution.

## **Social Protection**

The UN's support to the region in social protection builds on successful prior experiences in providing technical assistance for shock responsive social protection systems. In the case of Barbados and Saint Lucia, both countries have benefited from efforts to strengthen existing social protection systems with reallocation for COVID-19 response, under the framework of the Joint SDG Fund Programme. This is co-led by UNICEF and WFP, with ILO, UNDP and UN Women. To complement the Joint SDG Fund Programme efforts, UNICEF has been combining the cash top-ups provided in Saint Lucia with care support in the form of hygiene kits and information on psychosocial support, a first example of a "Cash Plus" approach.

In close coordination with the above, WFP, through its Global Immediate Response Account and resources from UK-FCDO and ECHO, as well as the India-UN Development Fund Partnership, supported a temporary expansion of the Public Assistance Programme (PAP) to additional beneficiaries in Saint Lucia. The aim is to bridge the gap to longer-term funding under the World Bank-supported Human Capital Resilience project loan.

Similarly, WFP is supporting the government of Dominica through two months of cash top-ups to beneficiaries of the PAP, reaching nearly 2,000 households (approximately 6,000 people), and the provision of cash transfers to vulnerable households not covered under the PAP, reaching 1,250 households (approximately 3,750 people). Top-ups have been carried out in October, with a second round scheduled for the end of November. Similarly, UNICEF has been supporting Anguilla in its social protection COVID-19 response, with WFP also providing financial support to increase social assistance benefits for persons living with HIV/AIDS. In British Virgin Islands, WFP has partnered with the Social Welfare Department to support government's social protection cash transfer programme. This includes defining beneficiary criteria, digital data collection and visualization, communication messaging and development of Standard Operating Procedures for shock-responsive social protection.

UNICEF, in partnership with OECS, supported the drafting of social protection country action plans to address secondary impacts of COVID-19 on increased poverty and vulnerabilities. Together with the OECS Commission, UNICEF also supported the launch of an online psychological first aid seminar. Both UNICEF and WFP, collaborated with Ministries on planning for and putting in place measures to address the socio-economic impact of the crisis and through adjusting and expanding existing shock responsive social protection programmes. In September, WFP and UNICEF jointly facilitated, in partnership with CDEMA, a two-part introductory training series on Shock-Responsive Social Protection, supporting 50 participants from more than ten countries from the region.

## **Gender-Based Violence and Violence Against Children**

UN Women published a Gender-transformative Hurricane Preparedness Response during the COVID-19 crisis and conducted Gender Equality Mainstreaming training on building hurricane resilience during the COVID-19 environment. The Agency has also selected 3 CSO's for the small grant initiatives under the Spotlight Initiative in Grenada. Likewise, ITU is working with Barbados, Bahamas, Guyana and Suriname to assess their current cybersecurity capabilities.

UNICEF supported Ministries responsible for child protection in the eight countries, at varying stages of procurement and use of critical hygiene and prevention supplies for children in state care. Barbados, Grenada, Montserrat, Saint Lucia, St Kitts and Nevis and Turks and Caicos Islands have completed their processes which are allowing their respective facilities to adhere to the national safety protocols to benefit 2,614 children and staff to date. UNICEF, in collaboration with PAHO, also developed a COVID-19 Child Protection Response Plan and jointly with the Inter-American Children's Institute and CARICOM, launched webinars series on violence against children and mental health.

UNFPA supported messaging and communications on GBV & SRH (briefs and posters) for persons living with disabilities and hosted a webinar on GBV service mapping for Barbados and the Eastern Caribbean to guide service providers in information gathering. Additionally, UNFPA has been leading the strengthening of the GBV Referral Pathways for access to multisectoral services by GBV survivors. This process was finalized for Anguilla, Saint Lucia and Saint Vincent and the Grenadines. GBV Referral Pathways have also been developed for Barbados, the British Virgin Islands, Grenada and St. Kitts and Nevis.

UNDP has supported infrastructural development for the creation of GBV hotlines for reporting and provision of counselling services, in addition to training social response workers in psychosocial support services. These activities have been undertaken in Antigua and Barbuda, Saint Vincent and the Grenadines and Saint Lucia. Antigua and Barbuda, Dominica and Grenada have also launched campaigns relating to GBV. It is expected that over 30,000 persons in the Eastern Caribbean will be made more aware of GBV and its effects as well as the available support services in-country.

Equally, UNDP repurposed funds from ongoing programmes to shore up protection of front-line personnel responsible for providing support to GBV survivors during the pandemic. Through this approach, N95 masks, gloves, gowns, and other needed PPE were procured for law enforcement personnel, health workers and those providing psychosocial care.

## **Human Rights**

The OHCHR (NHRA) supported UNST messaging on the human rights implications of the COVID-19 crisis in the Caribbean region. Also, in collaboration with ECLAC and UN Women, the OHCHR (NHRA) supported the development of a COVID-19 regional assessment document that ensured inclusion of vulnerable groups, including women, children, persons with disabilities, migrants, and older persons.

## **Logistics and Supply Chain**

WFP is supporting the delivery of medical equipment as part of its global support mechanism in partnership with PAHO/WHO and the private sector. It is also building response capacity through registration of regional vendors able to provide air and sea transport support as needed. With logistics support from WFP, international donations of over 52 metric tonnes of medical equipment—including testing kits, ventilators, and PPEs, that arrived at the seaport and airport in Barbados—were delivered throughout CARICOM in support of CDEMA. WFP and CDEMA are also collaborating on an Integrated Regional Logistics Hub in Barbados to service countries throughout the region. Likewise, UNOPS is consulting with governments of Barbados and Grenada regarding support for procurement of supplies for their COVID-19 responses.

Within the region, the impact of COVID-19 has significantly reignited discussions on enhancing regional public goods among critical developmental areas. These discussions has led regional government to learn from each other and adapt. As the UN, we have been challenged to better utilize our full internal capabilities and capacities to provide comprehensive needs-based support to countries as guided by the UN framework for the immediate socio-economic response to COVID-19. This has also forced the UN and our development partners, to carefully review existing programmes and resources to reprioritize and repurpose funds to support emerging COVID-19 needs.